

Drop off deposit of
\$75 and form to
office by Feb 20

Capuchino High School Alumni Association 2026

Capuchino High School Grad Night Release of Liability & Emergency Contact Form

Student Name (print) _____

Parent/Guardian Name (print) _____

I give permission for the student named above to participate in **Grad Night**, an all-night event beginning at **7:00 p.m. on Friday, May 29, 2026**, and concluding at **4:00 a.m. on Saturday, May 30, 2026**. I understand that Grad Night is not an activity that requires attendance and that no attendance credit is given. I am choosing to allow my student to attend with full knowledge that participation is not required by the school district. I understand that the location of the event will not be disclosed and that activities may not include inflatables or mechanical rides.

By granting this permission, I agree that neither the school district nor its officers, employees, or volunteers shall be responsible or held liable in any way for the conduct or safety of any student during the event. I agree to hold harmless the **San Mateo Union High School District, Capuchino High School Alumni Association, the Grad Night Committee**, and all officers, agents, employees, and volunteers of the district from any loss, damage, cost, or expense incurred by me or my student in connection with this event. I further fully release and discharge the owners of the event site and their employees from any claims related to Grad Night as a condition of my student's participation.

I understand that if my student is under a physician's care for any health condition, I must obtain medical clearance prior to the Grad Night event, which may involve physical activity or sports. I understand and agree that my student participates at his/her own risk. If my student requires medication during the event, I will place the medication in a plastic bag along with the physician's instructions or a signed note from me explaining the nature and purpose of the medication. I understand and agree that in the event of a medical emergency involving my student, **911 will be called**. I will provide below all emergency medical information that I believe first responders should have.

I understand that Grad Night is a **tobacco-, vape-, alcohol-, and drug-free event**. I understand and agree that event organizers may require an inspection of all students and their personal belongings prior to boarding the buses, and both my student and I consent to such inspection. I understand and agree that if my student is found in possession of tobacco, alcohol, or drugs, or if his/her behavior is deemed inappropriate, he/she will be removed from further activities and law enforcement may be contacted. I understand that under such circumstances, I may be required to pick up my student at any hour of the night.

I understand this agreement, have explained it to my student, and my student agrees to abide by all of the above terms.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Student's cell number _____ Student's Date of Birth _____

Emergency number for Parent/Guardian: cell _____

List any medical conditions or allergies or other information that could be pertinent to a medical first responder:

Waiver form and deposit are due no later than Friday, February 20, 2026 to Ms. Rogge in the Capuchino school office 1501 Magnolia Avenue, San Bruno, CA 94006 to the attention of the Grad Night Committee.

Please make sure you have filled out both sides of this form

