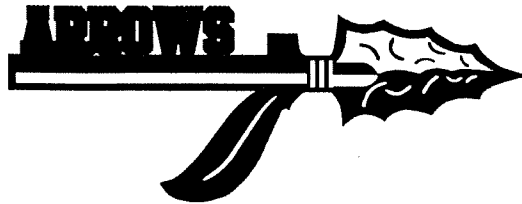


# ASHLAND HIGH SCHOOL PROM GUEST FORM



This form must be completed and **signed by the guest school administrator and parent of the guest student and returned** to the AHS main office by **April 22nd** prior to attending Prom.

**Guests must be no older than 20 years old. No guests below 11th grade will be permitted. Students must enter and leave with their guest. Students are only permitted to bring one guest. Guests must arrive and leave with their AHS host student.**

Students who are homeschooled *and live in the Ashland District* may attend as guests and should fill out the attached form. Home-schooled students must be registered with our Ashland City School District Central Office. Home schooled students may have their parents sign in lieu of an administrator.

Students who are out of school and over 18 (graduates) do not need a parent or administrative signature.

## **General Expectations**

- All dances are school-sponsored events. All AHS and Ashland City Schools rules and policies apply, including the Code of Conduct.
- Students who leave the dance for any reason may not re-enter.
- Bags, backpacks, water bottles, and coats are not permitted and if brought will be kept in a separate room. Small purses (clutches) are allowable but subject to inspection by administration. Dinner and water are provided at Prom
- Tickets are non-refundable unless the dance is canceled due to inclement weather and unable to be held on a different date.

## **Dancing Expectations**

Ashland High School expects all dancing to reflect good judgment, modesty, and respect for others. The following apply to all AHS dances:

- Students may dance near or behind others, but dancing in a back-to-front position with physical contact between partners is not permitted.
- Inappropriate or sexually explicit dancing, running, jumping on others, flips, lifts, or "mosh-pit" style dancing are not permitted

**GUEST FORM ON BACK**

Name of Ashland High School Student \_\_\_\_\_

\_\_\_\_\_  
AHS Parent/Legal Guardian Printed Name

\_\_\_\_\_  
AHS Parent/Legal Guardian Signature

**Information about the Guest of AHS Student:**

Name of Student \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Name of Emergency Contact for Student \_\_\_\_\_

Address of Emergency Contact Person \_\_\_\_\_

Emergency Contact Relationship (Mom/Dad/Grandparent/etc.) \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**Granting Consent**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Guest Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest Parent/Guardian Signature

**Refusing Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Guest Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest Parent/Guardian Signature

**Guest School Administrator:** I certify that the student listed above is in good standing and has had no disciplinary issues that would compromise safety at a school dance.

\_\_\_\_\_  
Guest School Administrator Printed Name

\_\_\_\_\_  
Guest School Administrator Signature

**Ashland University  
Athletic & Recreational Facilities  
Acknowledgement of Risk, Release, Waiver of Liability,  
and Medical Authorization for Participants**

In consideration of being permitted by Ashland University to use its facilities and/or participate in any programs or activities offered by Ashland University, I agree to the following:

I hereby acknowledge the inherent risks associated with using fitness equipment, equipment on the premises, but not owned by Ashland University (i.e. inflatables such as bounce houses, etc.), facilities (including the swimming facilities, if applicable), as well as participating in "virtual" or "online" programs and events, and that such risks include, but are not limited to:

1. Falling and making contact with solid surfaces, including the floor and projections;
2. Drowning or inhalation of water (if applicable);
3. Exposure to or injuries in the water and/or its chemicals (if applicable);
4. Collisions with others associated with exercise or group activities;
5. Failure of fitness equipment, including, but not limited to, treadmills, stair climbers, elliptical machines, and weight machines;
6. Failure to follow employees' or other authorities' instructions or failure to ask for information or assistance;
7. Overuse injuries; and/or
8. Injuries resulting from the actions or omissions of myself or others using the facilities and equipment.

I understand that these risks carry with them the possibility of serious or debilitating injury or death, including losses that may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. I further understand that the dangers and risks of participation in the above activities may result not only in serious injury, but in a serious impairment of my future abilities to learn, earn a living, engage in other business, social and recreational activities and generally to enjoy life.

Despite the inherent risks associated with these programs and activities, some of which are outlined above, I consent to my participation in such activities at Ashland University. I acknowledge that I am in good physical condition and that I know of no allergies, physical impairments, disabilities, or other condition or reason that would prevent me from safely participating in such activities.

I agree that I will be required to abide by all rules and regulations and that if I fail to abide by such rules and regulations, I will not be allowed to participate in any further programs or activities.

In consideration for being granted the opportunity to participate in the activity described above, arranged in part, or located at Ashland University, I, myself, my executors, administrators, heirs and assigns, do hereby release and forever discharge Ashland University and its Board of Trustees, its administrators, officers, employees, agents and students from any and all claims for loss, damage, injury or cost, and any action whatsoever, including but not limited to those based on negligence, that I might have myself or could bring on my behalf, and which arise in any manner out of my participation in this activity. I understand that this Release means, among other things, that I am giving up my right to sue Ashland University and its Board of Trustees, its administrators, officers, employees, agents, and students for any such loss, damage, injury or cost that I may incur. I also hereby agree that in the event any claim arising out of or incidental to personal injury, death, or any damages to me shall be filed against any Released Parties, I shall indemnify and hold harmless such Released Parties against any and all claims, including attorney fees incurred by the Released Parties in defending any such claims.

In the event of illness or injury resulting or arising directly or indirectly out of my participation or involvement with programs or activities, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of Ashland University, including student employees, or emergency personnel, (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment, and I agree to hold Ashland University, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from all costs associated with such treatment.

**I ACKNOWLEDGE THAT BY SIGNING FOR MYSELF AND/OR MY MINOR LEGAL DEPENDENT, I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.**

Full Legal Name (Printed)	Signature	Date    /    /
Phone Number	Emergency Contact Name & Phone Number	
Minor's Legal Name (Printed)	Relationship (indicate parent or guardian)	Minor's Date of Birth    /    /
Minor's Legal Name (Printed)	Relationship (indicate parent or guardian)	Minor's Date of Birth    /    /
Minor's Legal Name (Printed)	Relationship (indicate parent or guardian)	Minor's Date of Birth    /    /