**Dear Parent/Guardian,**
Your child has the opportunity to participate in an upcoming school-sponsored event benefitting mini-THON - Childhood Cancer on Friday, October 23, 2026, 6:30PM-9:30PM at Archbishop Wood High School. Please note that the actual duration of the walkthrough of the haunted hallways will be 15 minutes, maximum.

In order to ensure the safety and understanding of all involved, we require all students to have **signed waiver forms. Please bring the signed waiver to the door at the event. The event is $5.**

**Participation Terms & Conditions**
By signing below, you acknowledge and agree to the following:

1. Students are expected to follow all event rules and conduct themselves in a respectful and safe manner at all times

**Assumption of Risk**
I acknowledge the Location, the Archbishop of Philadelphia, and the Archdiocese of Philadelphia and any lessor of the premises have no obligation to provide me with any insurance or other financial assistance for the costs of any injury, illness, or damage to my property resulting, directly or indirectly, from the Activity and I expressly waive any claim for such compensation.

**Warning: Rules & Restrictions**
The event includes elements that may not be suitable for all participants. The following rules are strictly enforced:

- **DO NOT** damage or deface any Archbishop Wood property, furniture, or event materials.
- **DO NOT** touch any actors, props, sets, or objects of any kind.
- **RUNNING** and/or reckless behavior will not be tolerated. Sneakers are highly recommended. **NO** backpacks.
- This event is **not recommended for individuals with heart conditions.**
- **NO participation under the influence** of drugs or alcohol.
- **NO flash photography or video footage** is allowed and **NO** backpacks.
- Individuals with **medical conditions that may be triggered by lights, noise, or physical activity** should use caution.
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**Risks & Disclosures**
Participants and parents/guardians acknowledge that the event may include:

- **STROBE LIGHTS, FOG MACHINES, DARK OR LOW-VISIBILITY AREAS, SUDDEN MOVEMENTS, LOUD OR STARTLING NOISES, OR POTENTIAL FALL RISKS**
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**Parent/Guardian Consent**
I, the parent/guardian, have read and understand the terms, warnings, and risks associated with this event. I give permission for my child to participate and agree that they will follow all stated rules and safety guidelines. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law. I understand that failure to comply may result in removal from the event without refund or compensation.

Parent/Guardian Signature:
Emergency Contact Name:
Emergency contact number:
Date:

Please bring form to the door. The fee for the event is $5.
Thank you for helping us keep this event safe and enjoyable for all students!