

WESTFIELD HIGH SCHOOL 2017 ALL NIGHT GRADUATION PARTY ATTENDANCE GUIDELINES

The All Night Graduation Party (ANGP) is a drug- and alcohol-free opportunity for our senior students to celebrate graduation. The party will be held on June 15-16, 2017 from 12:00 am to 4:00 am at Uptown Alley in Manassas, VA.

Check-in begins at 10:45 pm at Westfield. Here are a few reminders:

- Tickets must be purchased in advance for this great event – **no tickets will be available at the door.**
- Check-in begins at Westfield at 10:45 pm. All must arrive by 11:15 pm to allow time for check-in and bus loading. If a student misses the bus, he/she will not be allowed to attend the event. Please be on time. There are no refunds.
- Come ready to have fun – tickets include all activities, great prizes, and food!
- Transportation to Westfield will be the responsibility of students and parents. Transportation to the event will be by charter bus. All attendees **must ride** the bus to and from the event.
- The ANGP celebration is a PTSA school sponsored event. All the provisions in the Student Rights and Responsibilities apply. Parents/guardians will be contacted and asked to pick up their graduate if these provisions are not followed.

As with any event of this size, there are a few rules that will keep the event fun and safe.

1. Attendees **MUST** be 2017 graduates of WHS or eligible 2017 foreign exchange students. We know it's a cool party, but no crashers are allowed, including non-WHS dates, siblings, or children of graduates.
2. Forms, forms and forms! All attendees must turn in the following to the WHS Main Office by June 5, 2017: Parental Authorization & Acknowledgement of Risk and Attendance Rules, Emergency Care Information, Autobahn waiver (if applicable) and adult driver's license copy if planning to participate, and Medication Authorization (if applicable.) Even if you are 18, parents/guardians must sign the forms!
3. Per FCPS policy, the MEDICATION AUTHORIZATION FORM must be completed and returned if a graduate needs to carry medication and/or supplies (including things like inhalers, diabetic supplies, etc.)
4. **Check in begins at 10:45 pm at Westfield. Students should arrive no later than 11:15 pm. If we have a ticket reservation and the student doesn't show, a call home will be made to confirm non-arrival but remember, all students must ride the bus and if they do not arrive on time, students will not be able to attend the event.**
5. Sorry – no refunds are available!
6. NO purses or backpacks will be allowed to the event. If needed a sports bag will be provided to hold wallets, keys, cell phones and any authorized medications.
7. Upon check-in, students will receive a color-coded wrist band which must be worn throughout the evening.
8. The Autobahn Indoor Speedway is an added feature of the ANGP this year! Every attempt has been made to keep this a safe feature of the event, but there are possible risks. Please make sure to complete the waiver and submit a copy of the parent/guardian's driver's license –even if the graduate is 18 or the graduate will not be allowed to participate in this activity (but will still be able to have fun in the many other ANGP activities!)
9. Students are now graduates – obviously, they're responsible for keeping track of their own belongings.
10. NO OUTSIDE FOOD OR DRINK PERMITTED.
11. Graduates should dress appropriately in casual clothes and wear comfortable shoes. Keep it clean!
12. All students are required to ride the bus to and from the event. If leaving early is absolutely necessary, pre-arranged authorization is required and a parent/guardian must pick up the student from the event location. ID will be required.
13. We need a working phone number for parents or guardians in case of an emergency. We know it's late and that "older folks" (yes – we mean parents and guardians) get tired, but please be available by phone in case of the aforementioned emergency. Parents and guardians are responsible for grads once they return to Westfield on the bus and leave the school.
14. Again, attendees are proud WHS graduates and expected to behave in a respectful manner. Remember: the Student Responsibilities and Rights are in full force. Any attendee who behaves inappropriately or causes damage to property may be asked to leave the celebration and agrees that if asked to leave, he/she will do so. In most cases, the parent/guardian will be asked to retrieve the student.

PARENTAL AUTHORIZATION & ACKNOWLEDGEMENT OF RISK

WESTFIELD HIGH SCHOOL 2017 ALL NIGHT GRADUATION PARTY

PLEASE SIGN AND RETURN to the WHS Main Office by June 5, 2017

By signing below, the graduate and their parent/guardian agree to the following:

- The ANGP is a PTSA School-Sponsored event. All the provisions in the Student Rights and Responsibilities apply to the event.
- The graduate and his/her parent/guardian are responsible for the graduate's actions.
- We have read and agree to the attached attendance guidelines.
- The parent/guardian and graduate agree to respect and accept the decisions made by the ANGP committee and its volunteers regarding any actions pertaining to the graduate and the attendance rules.
- The parent/guardian **MUST** be available by phone throughout the night.
- A graduate suspected of being intoxicated by alcohol or drugs, or smells of alcohol or drugs during check in will **NOT** be allowed to attend the event. If a graduate is suspected of intoxication during the event, he/she will be removed. In the event of such an issue, the student will be held in a separate area and WHS security personnel (including police officers on duty for the event) will be notified. The listed parent/guardian will be asked to come pick the graduate up and transport the student home. The graduate **WILL NOT BE ALLOWED TO DRIVE HIMSELF/HERSELF HOME** and will be held until the parent/guardian arrives.
- Similarly, any graduate who causes a disturbance during the event will be asked to leave. Disturbances include physical fighting, yelling angrily at another graduate or chaperone, stealing, improper touching (as defined in the SR&R) and destruction of the school, rental equipment, or ANGP property or the property of any attendee or volunteer. The parent/guardian of the graduate will be asked to pick the graduate up and transport him/her home.

I hereby release and agree to hold the Westfield High School PTSA, the 2017 ANGP Committee and its volunteers, employees, and other officers, staff members, and agents blameless from any and all claims that may arise from my use and/or my child's use or presence on and at such premises and activities. To the best of my knowledge, the graduate/my child is physically able to safely participate in this celebration and all associated activities.

Printed Student Name

Student Signature

Date

Printed Parent/Guardian Name

Parent/Guardian Signature*

Date

Please initial:

My student _____ has permission/ _____ does not have my permission to participate in the Autobahn Indoor Speedway. A separate waiver and copy of the parent/guardian's driver's license is required. (Check one.)

** Parents/Guardians must sign even if graduate is 18 years of age or older.*

EMERGENCY CARE INFORMATION
WESTFIELD HIGH SCHOOL 2017 ALL NIGHT GRADUATION PARTY

FOR ALL ATTENDEES: PLEASE SIGN AND RETURN to the WHS Main Office by June 5, 2017.

In the case of emergency, volunteers staffing the party will call 911. Every effort will be made to contact a parent, a guardian, or a designated emergency contact. Please complete the Medication Authorization form if graduate is authorized to carry medication(s) and/or medical supplies during the ANGP.

STUDENT NAME: _____

IN CASE OF EMERGENCY DURING THE ANGP, CONTACT:

Printed Parent/Guardian Name(s): _____

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number and/or Pager: _____ email: _____

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(s)/ GUARDIAN(s) CANNOT BE REACHED:

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

INSURANCE INFORMATION

My child has medical coverage with (Insurance Carrier) _____

Please indicate all current health conditions that apply for your child. Provide specifics, if necessary:

Asthma _____ Hemophilia _____ Cancer _____ Seizures _____ Diabetes _____

Vision Problems: Glasses _____ Contacts _____

Heart Problems (be specific) _____

Physical Disability (be specific) _____

Respiratory (be specific) _____

Other (be specific) _____

ALLERGIES: Please list ALL ALLERGIES your child has; include medication, food, environmental, and "other" allergies. If your child is "allergy free," write NONE.

Please list all medications and dosages that your child receives on a continual basis:

Printed Parent/Guardian Name

Parent/Guardian Signature*

Date

** Parents must sign even if graduate is 18 years of age or older.*

MEDICATION AUTHORIZATION
Release and Indemnification Agreement
WESTFIELD HIGH SCHOOL 2017 ALL NIGHT GRADUATION PARTY

COMPLETE THIS FORM ONLY IF YOUR CHILD WILL BE CARRYING MEDICATION
DURING THE PARTY.

Note: Parents/guardians are required to sign and return this form by June 5, 2017.
Return signed form to ANGP box located in the Westfield High School Main Office.
Westfield High School, 4700 Stonecroft Blvd, Chantilly, VA 20151

Due to medical necessity, I do hereby give my permission for my child, _____, to keep on his/her person at all times for the duration of the All Night Graduation Party celebration and to self-administer the following medication(s) and/or medical supplies/equipment that are listed below.

Please be as specific as possible when listing. For medications, include dosages and times to be taken.

1. _____
2. _____
3. _____
4. _____
5. _____

Printed Parent/Guardian Name

Parent/Guardian Signature*

Date

** Parents must sign even if graduate is 18 years of age or older.*

I hereby release and agree to hold the Westfield High School PTSA, the 2017 ANGP Committee and its volunteers, employees, any other officers, staff members, and agents blameless from any lawsuits, claims, expenses, demands or actions, etc. against them for permitting my child to carry and self-administer the above mentioned medications and/or medical supplies/equipment for which I have given permission.

Printed Parent/Guardian Name

Parent/Guardian Signature*

Date

** Parents must sign even if graduate is 18 years of age or older.*

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF EVENT(S): Go kart and motorsport activities and any affiliated or other activities and events at any location operated, affiliated and/or owned by Autobahn Indoor Speedway or Accelerate Indoor Speedway (hereinafter collectively referred to as "AIS") and any Affiliate of AIS including, without limitation, driving, riding, racing, training, learning, practicing, competing, maintaining karts, participating, observing and spectating, or for any other purpose or event held at the applicable AIS location(s) (hereinafter collectively "EVENTS")

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S) and/or being permitted to enter for any purpose any RESTRICTED AREA(S) (defined to be any area which requires special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited), I agree:

1. I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used, or with which the Minor may come in contact. IF I OR THE MINOR BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE MINOR TO IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).

2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the Event(s) and/or entry into Restricted Areas involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, and/or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risk(s) COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.

3. I consent to the Minor's participation in the Event(s) and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.

4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any Restricted Area, sponsors, advertisers, owners and lessees of premises used to conduct the Event(s), premises or event inspectors, surveyors, underwriters, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or Event(s) and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO ME, THE MINOR, my and the minor's personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.

5. If, despite this release, I, the Minor, or anyone on the Minor's behalf, makes a claim against any of the "Releasees" named above, I AGREE TO DEFEND, INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

6. I sign this agreement on my own behalf and on behalf of the Minor.

I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

I HAVE READ THIS RELEASE

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

NAME and AGE OF MINOR PARTICIPANT

MINOR'S ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY

DESCRIPTION AND LOCATION OF EVENT(S): Go kart and motorsport activities and any affiliated or other activities and events at any location operated, affiliated and/or owned by Autobahn Indoor Speedway or Accelerate Indoor Speedway (hereinafter collectively referred to as "AIS") and any Affiliate of AIS including, without limitation, driving, riding, racing, training, learning, practicing, competing, maintaining karts, participating, observing and spectating, or for any other purpose or event held at the applicable AIS location(s) (hereinafter collectively "EVENTS")

I have obtained my parent's consent to participate in the above event(s). I understand that I am assuming all of the risks if I get hurt during the event(s), and I state the following:

1. Both my parents and I believe I am qualified to participate in the event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the event(s).
2. I understand that the ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
3. I know that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the event(s), the rules of the event(s), the condition and layout of the premises and equipment, and/or the **NEGLIGENCE** of others, including those persons responsible for conducting the event(s).
4. I HEREBY ASSUME ALL SUCH RISKS, EVEN IF THE RISKS ARE CREATED BY THE **NEGLIGENCE** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any restricted areas, promoters, sponsors, advertisers, owners, and lessees of premises used to conduct the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "Releasees."
5. I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND DISCHARGE, ALL OF THE RELEASEES FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin, for any and all loss or damage and any claim or any demand on account of any injury to me including, but not limited to, my death, whether caused by the **NEGLIGENCE** of the Releasees or otherwise.

I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

SIGNATURE OF ☐ PARTICIPANT

DATE

I HAVE READ THIS RELEASE

PRINTED NAME OF ☐ PARTICIPANT

AGE

I HAVE READ THIS RELEASE

SIGNATURE OF WITNESS

DATE

PLEASE NOTE: FOR THE WHS ANGP, EVEN IF THE GRADUATE IS 18 YEARS OLD, A PARENT/GUARDIAN MUST SIGN THIS WAIVER AND PROVIDE A COPY OF A DRIVER'S LICENSE OR VALID GOVERNMENT ISSUED ID.