



Washoe County Safe N Sober Grad Nite
Senior Graduation Trip 2024

Graduating Student

Name: _____

Date of birth: _____ Age at Graduation: _____

Address: _____

Students cell phone #: _____

Sweatshirt Size (please circle one) S M L XL XXL XXXL

Parent(s) Name or Legal

Guardian: _____ Parent(s) phone _____

Emergency contact name and phone number on evening event if different from parent/guardian:

Additional information: For example Health issues, allergies, Etc:

I would like to attend Washoe County Safe N Sober grad night celebration on Friday June 7, 2024. I understand that space is limited and if I have not paid in full for my trip by 5/10/2024, I will forfeit my deposit and my space will be made available to the next person on the list. **I understand that after November 30, 2023, there will be no refund. I may request a full refund in writing any time prior to this date.** Washoe County Safe N Sober Grad Nite Committee acknowledges that if the trip is canceled, we will work towards getting you a full refund or partial refund based on what is reimbursed to us from the various vendors.

I understand that since this event is offsite, any serious or criminal conduct will be handled by local police since school police will not be on site. I understand school police will be on site as we load the bus to ensure no unwanted items board the bus. Very limited items can be checked with your bus chaperone if any items may be needed in case of emergency. Attendees will not be permitted to leave the event regardless of attendees' age. Only paid participants of the event will be allowed on site for this Safe N Sober celebration. This is a special event and is closed to the general public.

I have enclosed \$ _____ as a deposit towards my trip or I have enclosed full payment of \$375.00. Please e-mail this form to washoecountysafensober@gmail.com or it can be dropped off at your school office along with your payment. Checks and money orders must be made out to **Washoe County Safe N Sober** with your students name in the note area of your check.

Graduating Senior Signature

Parent or Legal Guardian Signature

ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

Feel free to contact Faith Smith, Safe n Sober Grad Nite Application Coordinator if you have any questions. WashoeCountySafeNSober@gmail.com or call/text (775) 842-9090



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I understand that participating in the Washoe County Safe N Sober grad night celebration 2024 begins at 10am. I also understand that the dangers and risks of playing or participating in this program include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of playing or practicing play/participating in this program may result in not only serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally enjoying life.

Because of the dangers of participating in this program, I recognize the importance of following park staff/bus drivers/instructors/chaperones/entertainer's instructions regarding playing techniques, training, and other rules, etc., and agree to obey such instructions. In consideration of the Washoe County Safe N Sober permitting me to participate in this program and to engage in all activities related to this program, I hereby assume all risks associated with participation and agree to indemnify, defend and hold the Washoe County Safe N Sober, agents, representatives, instructors, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind a nature whatsoever which may arise by or in connection with my participation in this program and it's related activities. The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Print Student name

Signature of Student

Date

Parent/Legal Guardian:

I have read the above and I hereby acknowledge that I am the lawful parent or legal guardian of the student listed above. I hereby consent to him/her participating in the program listed in the above student section. I understand this program can be a dangerous activity involving many risks of injury. I also acknowledge that my son/daughter has no medical or physical condition or defect that would place him/her at risk when participating in this activity. I understand it is my responsibility to carry and maintain medical insurance for my child. In case of an emergency and the parent/guardian cannot be reached, I hereby authorize Washoe County Safe N Sober any of its agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance. In consideration of Washoe County Safe N Sober permitting my child to participate in this program and to engage in all activities related to this program, I hereby agree to indemnify, defend, and hold Washoe County Safe N Sober, agents, representative, instructors, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with my participation in this program and it's related activities. The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Print name of Parent/Guardian

Signature of Parent/Guardian

Date



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Covid - 19 Disclosure

While we are taking steps to reduce the spread of **Covid-19**, Washoe County Safe n Sober Grad Nite Committee **cannot guarantee** that your child will not become infected with **Covid-19**. Further, **attending Safe n Sober Grad Nite activities could increase** the risk of contracting **Covid-19**. By signing and completing the registration form, you acknowledge the contagious nature of **Covid-19** and voluntarily assume the risk that you/your child may be exposed to or infected by **Covid-19** by attending Safe n Sober Grad Nite Six Flags event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by **Covid-19** may result from the act, omission, or negligence of you/your child, including but not limited to Washoe County Safe N Sober volunteers, and other participants of the event.

Print name of Student

Signature of Student

Date

Print name of Parent/Guardian

Signature of Parent/Guardian

Date

NRS 38 uniform Arbitration Act of 2000

Any dispute, controversy or claim arising out of or relating in any way to (the agreement/the relationship) including without limitation any dispute concerning the construction, validity, interpretation, enforceability or breach (of the agreement), shall be exclusively resolved by binding arbitration upon a Party's submission of the dispute to arbitration. [In the event of a dispute, controversy or claim arising out of or relating in any way to (the agreement/the relationship), the complaining Party shall notify the other Party in writing thereof. Within thirty (30) days of such notice, management level representatives of both Parties shall meet at an agreed location to attempt to resolve the dispute in good faith. Should the dispute not be resolved within thirty (30) days after such notice, the complaining Party shall seek remedies exclusively through arbitration.] The demand for arbitration or Mediation shall be made within a reasonable time after the claim, dispute or other matter in question has arisen, and in no event shall it be made after one year from when the aggrieved party knew or should have known of the controversy, claim, dispute or breach. An Arbitrator or Mediator shall be assigned by The Court Annexed Arbitration Program or The Court Annexed Mediation Program. Fees and costs of the arbitrator/mediator are paid equally by the parties unless otherwise stipulated.

Parent/Guardian printed name

Date

Parent/Guardian Signature

Date

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