

Informed Consent and Hold Harmless Agreement:

I understand that participation in the Nelson 2025 Graduation All Night party involves a certain degree of risk. I also understand that participation in these activities is entirely voluntary and requires participants to abide by the standards of conduct.

In Case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. If this person cannot be reached, permission is hereby given to the medical provider selected by the adult in charge to secure proper treatment. Medical providers are authorized to disclose protected health information to the adult in charge, and/or physician or health care provider involved in providing medical care to the participant.

I have carefully considered the risk involved and give consent for myself or my child to participate in these activities. I approve the sharing of the information on this form with the Nelson High Senior Grad Party adults in charge and professionals who need to know of medical situations that might require special consideration for the safe conducting of NHSGP activities.

I release Nelson High Senior Grad Party, LLC and its volunteers and its agents, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Graduate Name: _____

Age (at time of party): _____

Graduate's Cell phone # _____

Graduates Signature: _____

Date: _____

Parent/Guardian Name (REQUIRED INFORMATION):

Parent Signature: (Only required if under 18 years on date of party)

Date: _____

Parent/Guardian contact number during the party: _____