



← Put first letter of **Last Name** of Student/Guest in here

☐ Check and Initial _____
If you require your student/
guest to stay until the
conclusion of the event
(3:00 am)

2024 AFTER PROM EVENT WAIVER

PLEASE PRINT ALL INFORMATION

Name: _____ Grade: _____ Phone: _____

Address: _____ Age: _____

☐ I am a DCHS Student. My guest is: _____

☐ I am a guest of a DCHS Student. I am a guest of _____ My school is _____

- ❖ If you are a DCHS junior or senior, you are **not** considered a guest.
- ❖ **Each DCHS Student and each Guest** (even if they attend a different school) **must have a signed waiver**.
- ❖ **Please return this form when you PAY FOR and PICK UP your After Prom ticket(s).**

I, the undersigned parent or legal guardian of _____, hereby grant permission for my student/guest to participate in the After Prom Event for DCHS juniors and seniors and their guests, which is scheduled for **April 13/April 14, 2024** from 11:00 pm. to 3:00 a.m. This event will be held at the North Building of Douglas County High School, 2842 Front Street, Castle Rock. This event will include, but is not limited to, the following activities: large inflatable games, temporary tattoos, prizes, contests, casino games, great food and so much more! I understand that it is the District's desire to provide an enjoyable and safe environment for the students following the Prom.

I understand that my student's/guest's participation in the Event is entirely voluntary and that my student's/guest's participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional school functions. These risks include, but are not limited to, the risk of loss or damage to personal property and the risk of sickness, personal injury or death while participating in the Event. In the event of injury, I do hereby consent to any emergency medical treatment rendered to my student/guest under the supervision of professional health care providers.

My student/guest has the following allergies (please list all): _____

Please note the following:

- ❖ **No student/guest will be allowed to enter the event after 1:00 am.**
- ❖ Students/guests are encouraged to stay until the conclusion of the event at 3:00 am.
- ❖ If a student/guest leaves the facility unescorted, that student/guest will not be allowed to return.
- ❖ Escorts will be provided if a student/guest needs to go to his/her car.

I give permission for District personnel or authorized volunteers to search any tote bag, duffle bag, etc. that is in my student's/guest's possession upon entering the facility.

I hereby release and hold harmless the District, it's Director, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's/guest's participation in any aspect of the DCHS After Prom Event.

If you have any questions, please call Diane Shuck at 303.387.1020

Parent/Guardian Emergency Contact (home or cell) _____

Parent/Guardian Signature _____ Date _____

Student/Guest Signature _____ Phone _____

**AFTER PROM WAIVERS MUST BE TURNED IN WHEN YOU PAY FOR AND PICK UP YOUR
AFTER PROM TICKET(S).**