

RHSA Graduation Activities Waiver

Student's Name: _____

has my permission to participate in RHSA graduation activities. I (the legal parent or guardian of the student indicated above) hereby authorize any RHSA graduation adult chaperone to consent to medical treatment for my child in case of accident or illness when I cannot be reached.

I understand that every effort will be made to contact me before such action is taken. I will assume financial responsibility for emergency care. By signing the form, I also release RHSA and all graduation chaperones from any and all responsibility and liability in the event that said student is injured as a result of participation in any graduation activity.

This release of liability applies to anyone acting as an agent for RHSA graduation activities by providing transportation, hosting an activity, and/or acting as a chaperone during such activities and functions.

I have the following activity restrictions or medical conditions:

EMERGENCY CONTACT INFO:

Parent's Home phone: _____

Mom's Cell: _____ Mom's Work: _____

Dad's Cell: _____ Dad's Work: _____

Parent's Signature: _____ **Date:** _____

The undersigned student agrees to follow the RHSA Code of Conduct at all Graduation 2018 Activities.

1. Member families will act in such a way that their words and actions promote the unity and encouragement of fellow RHSA families.
2. Member families will avoid acting in such a way that is considered disrespectful, offensive, immoral, intimidating, or rude.

3. Member families will avoid gossiping to or about other RHSA families.

4. Member families will be responsible for their own children's behavior to ensure they are acting in accordance with this code of conduct.

Student's Signature: _____ **Date:** _____