

## INSURANCE WAIVER

### FCHS ALL NIGHT GRADUATION CELEBRATION

WEDNESDAY, JUNE 18<sup>TH</sup>, 2014 10:00PM-5:00AM

I will not hold the Falls Church High School PTSA liable for any accident or injury in which I or my child has contributed in a negligent manner. Should an at fault accident occur, my own medical insurance will be the primary coverage.

I will not consume alcohol or any illegal substance prior to coming to the All Night Graduation Celebration and agree to abide by the rules and regulations of the event.

I will not hold the All Night Graduation Celebration Committee or the Falls Church High School PTSA responsible for any lost, stolen or damaged personal items I chose to bring to the event.

Student Name (print) \_\_\_\_\_

Student Signature (sign) \_\_\_\_\_

Date \_\_\_\_\_

If you are 17 years of age before Wednesday, June 18<sup>th</sup>, parents must sign below

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature (sign) \_\_\_\_\_

Date \_\_\_\_\_

Please sign, scan and email to Jennifer Escott at [jenescott8@aol.com](mailto:jenescott8@aol.com) OR you can bring a hard copy to the ANGC booth that will be set up the week prior to graduation at all Senior events. You will not be able to attend the event if we do not have your waiver.