

**Plan-It Interactive Games  
Acknowledgement of Risks, Assumption of Risks,  
& Responsibility of Liability for Organizations and Individuals**

**Warning:** There are significant elements of risk in any adventure, sports or activity associated with the indoor or outdoor use of games and activities incidental thereto (referred to herein as “activity”). Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled staff, this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. For your safety, and that of other participants, we think it is important for you to know in advance what to expect and to be informed of the inherent risks.

**Acknowledgement of Risks:** I acknowledge that the following describes some, BUT NOT ALL, of those risks: risks of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions and/or contusions, dehydration, oxygen shortage (anoxia), and/or exposure, head, neck, and/or spine injuries, allergic reaction, shock, paralysis or death. I/We understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.

**Express Assumption of Risk and Responsibility:** I/We agree to assume responsibility for the risks identity herein and those risks not specifically identified. My/Our participation in these activities is purely voluntary. No one is forcing me/us to participate. I verify that I am physically fit, not under the influence of alcohol or drugs at this time, and sufficiently qualified and trained and capable to participate in these activities. I/We elect to participate in spite of the risks.

**Authorization:** I/We hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I/We agree to any film or photographs of me/us as a participant becomes your property and may be used for promotional purposes.

**Release:** In consideration of services or property provided, I, for myself, my employees, and/or any minor children for which I am parent, legal guardian, group leader, or otherwise responsible and heirs, personal representatives or assigns, agree that Plan It Interactive, its principles, directors, officers, agents, employees and volunteers, their insurers and each and every land owner, municipal and/or governmental agency upon those property an activity is conducted and their insurers, if any, shall have no liability except for its sole negligence.

**I have read the Acknowledgement of Risks, Assumption of Risks and Responsibilities and Release of Liability.**

School or Organization: Vista Del Lago High School Parent Teacher Student Organization (PTSO)

Name of Participant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Legal Guardians signature is required)

Printed Name: \_\_\_\_\_

# PARENT'S APPROVAL AND STUDENT WAIVER ~SOBER GRAD NIGHT~

\_\_\_\_\_ has my (our) permission to participate in  
Name of Student

Vista del Lago High School Sober Grad Night on May 31st, 2019  
at "The Block" (Lakeside Church) from  
9:00 p.m. to appx 3:45-4:15 a.m.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my \_\_\_\_\_  
Son/Daughter

Myself, my (our) heirs, executors and administrators, remise, release and forever discharge.

## Vista Del Lago High School PTSO

and all PTSO officers and agents of the foregoing, acting officially otherwise, from any and all claims, demands, actions, or causes of action on account of referred. I hereby certify the student is my(our)

\_\_\_\_\_ and that his/her date of birth is \_\_\_\_\_.  
Son/Daughter

and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none"): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Printed name of Adult

\_\_\_\_\_  
Address City Phone number

\_\_\_\_\_  
email of parent

**\*\*Read and initial \_\_\_\_\_ Attendees can not leave the event early unless accompanied by a parent/guardian regardless of age. Refunds are not given.**

T-Shirt Size	Sm_____	Med_____	Large_____	XL_____	XXL_____
PJ Bottom	Sm_____	Med_____	Large_____	XL_____	Not offered

**\*\*TURN PAPER OVER A SIGNATURE IS REQUIRED\*\***