

**Canby High School Graduation All-Night Party  
Standards of Conduct Agreement & Liability Waiver**

I agree to the standards of conduct set forth below:

**STANDARDS OF CONDUCT**

1. Smoking, alcoholic beverages, and drugs are prohibited.
2. Please be at the high school's main office building to load buses between 9:30 pm and 10:30 pm. There are no late arrivals allowed, as the last bus will depart for the destination by 10:30 pm.
3. No one, except volunteers, are allowed to drive themselves to the party.
4. No one will be allowed to leave the party early. Buses will return students around 5:00am the following morning to the high school.
5. Parents will be called if a student becomes unruly or is an endangerment to others. He/She will remain at the party until a parent is able to pick them up.
6. Dress is casual; however, we ask that you use good judgment.
7. Be sure to bring a bathing suit and towel (a secure coat check and locker room are available).
8. I understand that there will be a pool and physical activities offered at the party. I will hold harmless the facility, Canby High School and Canby HS GAP board from any injuries that may occur.
9. I will abide by all rules set forth by the party committee and the hosting facility.
10. It is suggested that students arrange for a ride home upon returning to the high school the following morning, as he/she will be extremely tired.
11. Bags will be searched prior to boarding the buses

Student Signature\_\_\_\_\_

Parent Signature: (Only Required if graduate is under 18 years of age at party time)

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## Medical Information

Please list any medical conditions that may affect participation in the GAP event.

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Please list any medications currently taking: \_\_\_\_\_

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## Informed Consent and Hold Harmless Agreement

I understand that participation in the 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 aforementioned 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. In the event that 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 any 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 GAP adults in charge and professionals who need to know of medical situations that might require special consideration for the safe conducting of GAP activities.

I release the GAP, 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's 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: \_\_\_\_\_

\*Shawna Welander (GAP Committee Chairperson) can be contacted at 503-819-1374 or [welanders@gmail.com](mailto:welanders@gmail.com)