

DUE DATES: If this agreement is turned in by the following dates, Maverick Senior Points will be awarded.

**5/24/13 – 100 points - 5/29/13 – 50 points – last day 5/31/13 – 25 points**

**\*\*Due to bus arrangements you must turn in your form by 5/31/2013\*\***



**PROJECT GRADUATION 2013  
MANVEL HIGH SCHOOL PARTICIPANT AGREEMENT  
CHECK-IN 6/8/2013 FROM 11PM TO 12AM  
BUSES WILL LEAVE AT 12:01AM**



**TURN IN YOUR FORMS AT ALL LUNCHEAS ON MAY 24, 29, 31 AT PROJECT GRADUATION TABLE IN LUNCH ROOM OR AT FRONT OFFICE TO THE PROJECT GRADUATION MAIL BOX.**

I, \_\_\_\_\_, the undersigned Manvel High School Graduate, intend to participate in the PROJECT GRADUATION celebration to be held at iTZ USA 5950 Fairmont Parkway, Pasadena, TX 77505 beginning immediately after graduation on Saturday, June 8th, and ending at 6:00 a.m. on Sunday, June 9th. I hereby pledge and agree to abide by the requirements set forth by the PROJECT GRADUATION COMMITTEE as follows:

- (1) I understand that I must sign up (dates above stated) for this event prior to the event date due to transportation scheduling. I also understand that I must be transported to and from the Project Graduation off-site venue. I will only be able to be picked in case of an emergency by my parent or guardian with the proper ID.
- (2) I understand and agree that I must check into the PROJECT GRADUATION CELEBRATION on Saturday, June 8, 2013, BEFORE MIDNIGHT and I will not be allowed to enter unless I have this signed agreement and my AISD ID or Texas issued ID with me,
- (3) I pledge that I will not enter the PROJECT GRADUATION premises under the influence of alcohol, drugs, tobacco products or any other intoxicating, hallucinating causing substances, and I understand that if I attempt to enter the PROJECT GRADUATION premises under the influence of these substances, I will not be allowed to enter. I further understand and agree that I will refrain from using alcohol, tobacco products of any sort, drugs, or any other intoxicating, hallucinating causing substances, and if I am found to have used any of the above mentioned items while on the premises of the PROJECT GRADUATION celebration, I will be asked to vacate the PROJECT GRADUATION premises, and I agree to leave the premises and not return;
- (3) I understand and agree that upon entry onto the PROJECT GRADUATION premises, the items I bring with me, medicine, car keys, and purses/wallets will be turned in. You may keep your cell phone and a camera. You may bring a pillow and sleeping bag if you wish to sleep. Each senior will have a bag clearly marked with their name, to be sealed and locked in a safe room until check out at 6am. Duffle bags, purses, and the like, including any items dropped off prior to PROJECT GRADUATION, will be searched by the adult chaperones in attendance at PROJECT GRADUATION. If alcohol, drugs, tobacco or other intoxicating or hallucinogen substances are found in my belongings, my parents will be contacted and/or I will be asked to vacate the PROJECT GRADUATION premises and I will do so;
- (4) I understand and agree that should I win any prizes, I must collect that prize in person, and present my *AISD Student ID or Texas issued ID and I must be on the roster* in order to receive my prize and/or enter the prize room. Should I not arrive in the required amount of time with my ID, I will forfeit any prize awarded to me at that time.
- (5) I understand and agree that once I exit the premises of the PROJECT GRADUATION celebration, I will not be allowed to re-enter the premises. I further understand and agree that if I leave the premises of the PROJECT GRADUATION celebration before 6 a.m.:
  - a) My parents or guardian will be required to sign an exit form acknowledging the time I leave, to be witnessed by an adult chaperone;
  - b) I forfeit any prize, should my name be drawn or selected after my departure, including any prize from the prize room.

I hereby acknowledge that I have read and understand all of the above stated duties and responsibilities for participation in PROJECT GRADUATION 2013, and I agree to adhere to all of the duties and responsibilities stated herein.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent of Participant Name

\_\_\_\_\_  
Parent of Participant Signature

\_\_\_\_\_  
Date

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**MHS PROJECT GRADUATION 2013  
PERMISSION & WAIVER FORM**



My(Our) son/daughter \_\_\_\_\_ has my(our) permission to attend the MANVEL HIGH SCHOOL PROJECT GRADUATION CELEBRATION to be held following the MANVEL HIGH SCHOOL GRADUATION CEREMONY on Saturday, June 8, 2013 though pickup time @ 6:00 a.m. on Sunday, June 9, 2013.

**CHECK-IN 6/8/2013 FROM 11PM TO 12AM BUSES WILL LEAVE AT 12:01AM**

I(We) acknowledge that this celebration is a gift offered to all graduates and that it is being planned by a group of volunteer parents, other supportive adults and students.

I/(We) understand that my student must sign prior to the event and that my student MUST be transported to and from the off campus venue. I will only be able to pick up my student from the venue in case of an emergency with the proper ID.

I (We) understand that participation in this celebration party is fully voluntary. In consideration of the benefits to be derived and having full confidence that every precaution will be taken to ensure the safety of my child, my signature below shows my understanding of this event.

I agree to hold harmless and waive all claims, not to place suit or hold liable any volunteer persons, Texas State Department of Education, State of Texas, Manvel High School, and/or Alvin ISD or any of it's administrators, faculty, and staff, Families and Friends of Manvel High School, or any other person operating under the direction of the Project Graduation Committee for any incident or injury that may occur to my(our) child while attending this event and participating in any of the planned activities.

\_\_\_\_\_(Initial here)

I(We) promise that my son/daughter will arrive free of drugs and alcohol. In the event that my(our) son/daughter is found to be in possession of, or under the influence of alcohol and/or illegal drugs, or displays unruly conduct, I(we) understand that he/she will be removed from the rest of the graduates and I(we) will be notified and I(We) must pick him/her up immediately. No refund will be considered. Under no circumstances will my son/daughter be allowed to drive home. \_\_\_\_\_(Initial here)

Parents of seniors who are "no shows" will be notified by telephone and this phone call will release the Project Graduation committee of the responsibility of this senior for that night. \_\_\_\_\_(Initial here)

I(We) understand that participating graduates can only leave the premises of the event in accordance to the parental consent given on the Participation Agreement. I(We) further understand I(we) am(are) responsible for my(our) child once he/she leaves the premises of the event.

To prevent accidents or fatalities due to fatigue, it is strongly encouraged that the participant is picked up after the event instead of driving themselves home.

\_\_\_\_\_  
Father/Guardian's signature      Date

\_\_\_\_\_  
Mother/Guardian's signature      Date

\_\_\_\_\_  
Print name of Father/Guardian

\_\_\_\_\_  
Print name of Mother/Guardian

Emergency Contact Number for Father:

Emergency Contact Number for Mother:

First : \_\_\_\_\_

First : \_\_\_\_\_

Second: \_\_\_\_\_

Second: \_\_\_\_\_

**By signing the *Permission and Waiver*, you are releasing MHS Project Graduation of all liability and accepting responsibility for any action by your son/daughter with respect to bodily injury or property damage.**



# MHS PROJECT GRADUATION 2013

## MEDICAL RELEASE & AUTHORIZATION



Please note any significant health concerns (allergies, epilepsy, vegetarian diet, etc.) and medication taken on a regular or emergency basis. ONLY MEDICATION LISTED HERE CAN BE CHECKED IN FOR USE FROM June 8-9, 2013.

\_\_\_\_\_  
Health Concerns

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose/Frequency

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose/Frequency

I authorize MHSPG Chaperone(s) to administer **TYLENOL**:                      Yes \_\_\_ No \_\_\_

I authorize MHSPG Chaperone(s) to administer **TUMS**:                      Yes \_\_\_ No \_\_\_

I authorize MHSPG Chaperone(s) to administer **FIRST AID**:                      Yes \_\_\_ No \_\_\_

I authorize MHSPG Chaperone(s) to seek any and all medical assistance that may be deemed necessary by a certified medical professional for the safety and well-being of my child should s/he become injured at some point during the MHS Project Graduation Ceremony:

\_\_\_\_\_  
Participants Date of Birth

\_\_\_\_\_  
Participants Address (Street, City & Zip)

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Doctor Phone

\_\_\_\_\_  
Medical Insurance Carrier

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Medical Insurance Carrier

\_\_\_\_\_  
Primary Carrier's ID #

\*\*\*\*\*

\_\_\_\_\_  
Father/Guardian's signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Mother/Guardian's signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print name of Father/Guardian

\_\_\_\_\_  
Print name of Mother/Guardian

Emergency Contact Number for Father:

Emergency Contact Number for Mother:

First : \_\_\_\_\_

First : \_\_\_\_\_

Second: \_\_\_\_\_

Second: \_\_\_\_\_