



Cove's High School Social Events

Friday, September 14, 2018

3:30 PM – 6:30 PM

Laser Quest

Cost of event is \$35

Includes laser tag, and food

Cash or check payable to Cove School

Pick-up

Please arrange to pick up your child by the end of the event

Laser Quest at 6:00 PM or Cove School at 6:30 PM

PLEASE RETURN PERMISSION SLIP BY **MONDAY, September 10 2018**

STUDENT'S NAME _____

- ☐ **YES**, my child will be attending the high school social event on Friday, September 14, 2018
- ☐ **YES**, I give my child permission to ride the bus for the high school social event.
- ☐ **I will be picking up my child at Laser Quest at 6:00 PM**
- ☐ **I will be picking up my child at Cove School at 6:30 PM**

I give permission for my child, _____ to attend the high school social event. In case of an emergency, I give permission for my child to receive medical treatment. In case of an emergency, please contact:

NAME _____ **E-MAIL** _____

MEDICAL NEEDS/ALLERGIES: (PLEASE LIST ALL)

PHONE NUMBER _____ **CELL NUMBER** _____

- I understand and agree that neither The Cove School, The Cove School Parent Association, The Cove School Board, nor any of their respective employees, officers, agents, contractors or assigns, (hereinafter referred to as "Released Parties") may not be held liable or responsible in any way for any injury, death, or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this event or as a result of the negligence of any party, including the Released Parties, whether passive or active.
- In consideration of being allowed to participate in this event, I hereby personally assume all risks of this event whether foreseen or unforeseen, that may befall me while I am a participant in this event.
- I further release, exempt and hold harmless said Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this event.
- I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.
- I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

GUARDIAN/PARENT SIGNATURE _____ **DATE** _____