

# of Students \_\_\_\_\_

# of Volunteers \_\_\_\_\_

Total Paid \_\_\_\_\_

### Bogan Elementary School PTG: Kids Night Out

Grades K-5                      6:00-9:00 pm

Cost: \$10/person (One Free Admission per parent Volunteer)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Allergies \_\_\_\_\_

I/We give permission for our child to participate in the Bogan Elementary School “Kids Night Out” activity. We give permission for emergency medical treatment for our child and hereby certify to the Talawanda School District (Bogan Elementary School) and the Bogan Elementary PTG, that our child has no known medical problems or conditions that would in any way prevent him/her from participating in this activity. We assume responsibility for any injury, loss or damage resulting directly or indirectly from participation in this activity, and will not institute any negligence or other claim against Talawanda School District (Bogan Elementary School), Bogan Elementary PTG, its agents or any other persons who could be held liable either in individual or official capacities. We agree to hold the above named parties harmless from liability for any personal or property injury, We hereby fully release and discharge Talawanda School District (Bogan Elementary School) and the Bogan Elementary PTG from any negligence or other claim for liability, loss or damage. We understand that this activity is performed under this specific understanding. We have read and understand the foregoing and voluntarily sign this agreement with full knowledge of its significance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

My child may be picked up by: \_\_\_\_\_(photo ID required)

#### SIGN OUT

Signature: \_\_\_\_\_ Time: \_\_\_\_\_

