

Chapel Hill - Carrboro

Project Graduation 2017



SENIOR Release/Consent Form **Side 1**

Senior's Name _____ Date of Birth _____

Senior's Advocacy/Homeroom _____ English Teacher _____

Senior's Cell Number _____

Parent/Guardian _____

Street Address _____ City _____

Parent Telephone (H) _____ (Cell) _____

Parent/Guardian Telephone on 6/10/17 _____

Guest's Name _____

More on Back!



Project Graduation 2017

SENIOR Release/Consent Form **SIDE 2**

_____ plans to attend Project Graduation on Saturday June 10, 2017, 11 PM – 4 AM Sunday June 11, 2017 at the UNC Student Union. We, the undersigned, have read the “Rules and Information” on the invitation and agree to abide by all the rules as set forth therein. We further understand that participants may be asked to leave if they are in violation of these rules. In consideration of the production of the 2017 Project Graduation event(s), the undersigned, for themselves, their heirs, successors, and personal representatives, hereby release and absolve the producers of said event(s) from any and all liability, claims, actions and demands, for any and all damages, loss, injury and suffering sustained by the undersigned and resulting from, or in any way, connected with, said event(s) and regardless of whether or not caused by acts, organizing entities, their members, officers and directors, and all sponsors, contributors, volunteers and chaperones. The undersigned understand that participants in said event(s) are licensees and agree to assume the risk of any and all accidents, injuries and losses they might incur.

*I hereby consent to and authorize the use and reproduction, in print or electronic format, by Chapel Hill Carrboro City Schools(CHCCS), Project Graduation or anyone authorized by CHCCS, Project Graduation of any and all **photographs** which will be taken at Project Graduation for publicity purpose, without compensation. All images, electronic, negative or prints are owned by CHCCS.*

Senior's signature _____ Date _____

Parent/Guardian signature _____ Date _____

Chapel Hill - Carrboro



Project Graduation 2017

GUEST Release/Consent Form **Side 1**

Guest's Name _____ Date of Birth _____

Guest's Advocacy/Homeroom _____ English Teacher _____

Parent/Guardian _____

Street Address _____ City _____

Parent Telephone (H) _____ (Cell) _____

Parent/Guardian Telephone on 6/10/17 _____

Inviting Senior's Name _____



Project Graduation 2017

GUEST Release/Consent Form **SIDE 2**

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Guest's signature _____ Date _____

Parent/Guardian signature _____ Date _____