

Arcadia High School Class of 2022
Project Graduation Registration

Wednesday, May 25th
10pm-2am
Mavrix
9139 Talking Stick Way
Scottsdale. AZ 85250

**Woodfired pizzas - Salad - Unlimited beverages - Dessert Bar - Unlimited Arcade Games - Bowling - Laser Tag -
Blackjack - Yard Games - Cartoonist - Illusionist Show – Raffle Prizes**

PLEASE RETURN TO AHS FRONT OFFICE BY MAY 18th

Graduate/Parent Info

Name of Graduate _____

Graduate Email _____

Graduate Cell _____

Mother Name _____ Father Name _____

Mother Cell _____ Father Cell _____

Parent Email _____

PAYMENT

Registration Fee \$110 \$ _____

Sponsor a Student _____ @ \$110 \$ _____

Project Grad Donation \$ _____
(tax deductible – AHS PTO Tax ID: 86-0622264)

Total Amount Enclosed \$ _____

Make checks payable to ARCADIA PTO

FOR SCHOLARSHIP

Contact Jennifer Gutierrez in AHS Front Office at jgutierrez@susd.org
and write "**SCHOLARSHIP**" for Total Amount Enclosed

**ARCADIA PTO PROJECT GRADUATION LIABILITY AGREEMENT
FOR ARCADIA HIGH SCHOOL PROJECT GRADUATION**

Event: Arcadia High School Project Grad
Event Date: Wednesday, May 25th 2022– Friday, May 26th 2022
Event Time: 10:00pm-2:00am
Event Location: Mavrix/ 9139 Talking Stick Way, Scottsdale, AZ 85250

As partial consideration for the right to participate in Project Graduation 2022, the graduate of Arcadia High School _____,
(Name of Graduate)

Hereby agrees to the following:

The Graduate will adhere to all applicable policies, regulations, and guidelines, and all applicable local, state, and federal laws, ordinances and regulations during the event.

The Graduate shall indemnify and hold harmless Arcadia PTO, its officers, event chairs, and volunteers from any and all liabilities, claims, demands, damages, losses, costs (including attorney’s fees), actions and causes of action of every kind and description arising out of or in connection with the Project Graduation Event.

The Arcadia Parent Teacher Organization shall have no liability to the Graduate or any other entity or person for any loss, theft or damage to the Graduate’s property, personal injury, delay, annoyance, inability to hold the event as planned, or other casualty arising out of or in connection with Project Graduation. The Graduate, for himself/herself and his/her successors, executors, administrators and assigns hereby waives, releases and forever discharges the Arcadia parent Teacher Organization and all its officers, event chairs and volunteers from any and all liabilities, claims, demands, losses, expenses, actions and causes of action arising out of claim demand, expense, action or cause of action which arises from bodily injury, property damage or theft, as such liabilities, claims, damages, losses and causes of action which arises from or are in connection with Project Graduation.

IN WITNESS THEREOF the party signing below on behalf of the Graduate represents that he or she is an authorized representative of the Graduate with the authority to bind the Graduate in the manner set forth herein.

Graduate’s Printed Name

Graduate’s Signature

Date

Parent’s Printed Name

Parent’s Signature

Date

COVID-19 WAIVER
FOR ARCADIA HIGH SCHOOL PROJECT GRADUATION

**COMMUNICABLE DISEASE RELATED
HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY,
AND INDEMNITY AGREEMENT**

Event: Arcadia High School Project Graduation
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IN CONSIDERATION of being permitted to participate in any way in the Project Graduation Event:

1. Affirm that I have not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including, but not limited to, the virus commonly referred to as COVID-19) for the last 30 days;
2. Acknowledge that I am aware that by entering the premises and participating in Project Grad that there are risks to me and to those with whom I interact of exposure, directly or indirectly, to known or unknown communicable disease(s) including, but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, “COVID-19” and/or any mutation or variation thereof, and that my awareness of the risks is based solely on the advice of medical expert(s) of my choosing prior to entering the premises;
3. HEREBY voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE on behalf of myself or on behalf of others with whom I interact, the promoters, participants, sanctioning organizations, employees, drivers, volunteers, or any subdivision thereof, all for the purposes herein referred to as “Releasees”, from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor, whether caused by the ordinary negligence of the Releasees or otherwise.
4. HEREBY agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to my illness or death, whether caused by the ordinary negligence of the Releasees or otherwise;

I HAVE READ THIS COMMUNICABLE DISEASE RELATED HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OF GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I FURTHER UNDERSTAND THAT THIS IS A FULLY INTEGRATED AGREEMENT, AND THAT I WILL NOT RELY UPON ANY VERBAL OR WRITTEN STATEMENTS OR INSTRUCTIONS DIRECTLY OR INDIRECTLY RELATED TO THIS AGREEMENT THAT ARE MADE OR APPEAR OUTSIDE OF THIS AGREEMENT.

Graduate Printed Name _____

Graduate Signature _____ Date _____

Parent Printed Name _____

Parent Signature _____ Date _____