



# OA Safe Grad Night

## SAFE GRAD NIGHT PRIVILEGE FORM

I recognize that attendance at the Oliver Ames High School **SAFE GRAD NIGHT on June 7, 2020** is a privilege. As a condition to attending the SAFE GRAD NIGHT, I agree to the following:

1. I agree to refrain from the consumption of alcoholic beverages and all controlled substances (except medications taken under a doctor's order) before, during and after SAFE GRAD NIGHT.
2. I understand that in the event an administrator and/or staff member/volunteer has a reasonable basis for suspecting that I have consumed alcohol, the administrator and/or staff member/volunteer may require me to take a breathalyzer test. *I understand that if I refuse to take the test or if I fail to pass it, I will be excluded from the event, and my parents will be called to come and pick me up. I also understand that I may be subject to disciplinary action.*
3. I agree to refrain from the use of tobacco products at SAFE GRAD NIGHT.
4. I recognize that the administrators of SAFE GRAD NIGHT are authorized to make decisions and take action to maintain a safe and appropriate environment for all of our students attending the event, and I agree to cooperate with the staff/volunteers in their efforts.
5. ***The event is meant as a LOCK-IN. I agree that if I intend to leave the event, it must be before 3AM and a volunteer will call my parent/guardian to pick me up. (No one may leave the event after 3AM.)***
6. If I purchase a ticket to SAFE GRAD NIGHT and do not attend the event, I understand my parents will be contacted.
7. **Tickets are \$30 and non-refundable. Checks can be made out to OAHS Safe Grad Night.**

\_\_\_\_\_  
OAHS Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please PRINT student name

\_\_\_\_\_  
T-Shirt Size

Parents/Guardians: I have read the above statement to which my son/daughter has agreed to abide. I understand if my son/daughter does not abide by the above agreed conditions, I will be called in order to pick up said child at OAHS Safe Grad Night.

I also give my consent that pictures of my son/daughter taken by the Safe Grad Night photographer at the event may be used for publication in the local paper and/or posted on the Safe Grad website.

\_\_\_\_\_  
**\*\*\*Parent/Guardian Signature**

\_\_\_\_\_  
Date

Please provide a minimum of **TWO** contact numbers at which you may be reached during the evening of June 7, 2020.

Home telephone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Emergency number \_\_\_\_\_

**\*\*\*PLEASE NOTE:** This form **MUST** be signed by a Parent/Guardian in order to purchase tickets for Safe Grad Night.