



BRANHAM GRAD NIGHT 2022 STUDENT CONTRACT & WAIVER

Celebrate with your Graduating Class !



Who: Branham Graduating Class of 2022

What: San Francisco Bay Cruise:

Cruise from Alameda and see the Bay Bridge, San Francisco city coastline, Alcatraz, Treasure Island and more! Dine on an Italian pasta buffet, Fiesta taco buffet, desserts and unlimited soft drinks. Enjoy DJ, dancing, games, photo booth and the amazing sunset.

When: Thursday, June 2, 2022
5:00 pm - 12:00 am

Cost: \$125* including round trip transportation from Branham

How: *HjWYhgUfY Uj UjUVY'bck °*

- Buy your ticket online at <https://sites.google.com/view/bhsgradnight2022/home>
--OR--
- Drop off a check for \$125 to the office in an envelop with your name on it
Checks should be made payable to Branham High School PTSA.

In addition to buying your ticket, **all students must complete the forms on the next pages** and either bring the signed copies to the office or submit via email to bhsgrad2022@gmail.com.

Grad Night Tentative Timeline

Check-in at Branham	5:00 pm
Load Buses	5:30 pm
SF Bay Cruise	7:00 - 11:00 pm
Arrive back at Branham	12:00 pm

For more information, please contact: Barbara Dieker bsarnoffdieker@yahoo.com or Adriana Salamat dribrasil54@gmail.com

* Financial assistance is available.

For more information, please inquire at the Branham main office to obtain an Economic Hardship Application.



GRAD NIGHT TICKET FORM & BEHAVIOR EXPECTATIONS

Must be completed and signed by student and parent

I, _____, agree to abide by all rules and expectations outlined in this contract.

Student Name

- The Grad Night event is open to Branham Class of 2022 Seniors ONLY. No guests.
- All students are required to ride the bus to and from the Branham to the pier in Alameda, CA.
- Dress code is classy casual. Jackets, sweatshirts, or sweaters are recommended for the outside deck areas.
- Students will be searched prior to boarding the bus. Participants are strongly encouraged to leave all personal items and money at home. The following items are expressly prohibited: alcohol, drugs, drug paraphernalia, cigarettes, tobacco products, lighters, matches, weapons, paint, open containers.
- No medications (prescription or over-the-counter) will be allowed unless detailed in the "Special Considerations" box below.
- No student deemed to be under the influence of drugs or alcohol will be allowed to board the bus. Parents will be called to immediately pick up any such student. The student will only be released to a parent.
- If a student is found to be under the influence or is behaving inappropriately during the cruise (at the discretion of the chaperones), the student will be required to sit out the remainder of the event aboard the yacht.
- Students must adhere to all school COVID policies, including mask wearing during the event, with the exception of when they are eating or drinking.
- A student who cannot attend as a result of having symptoms or being in close contact with someone who has tested positive for COVID-19 may request a refund however refunds are not guaranteed and will depend on the budget available.
- No refunds will be issued to any students who violate this contract.
- Branham High School, the Branham PTSA (Tax ID #90-1180854), and the Grad Night Committee Volunteers accept no responsibility for any lost, stolen, or damaged items.

*Contract and PTSA Waiver must be completed and sent to **bhsgrad2022@gmail.com** or print both forms and turn in to the Branham Office with your check.*

Student Name Printed

Student Signature

Date

Student Email

Student Cell

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Parent/Guardian Address

Parent/Guardian Email Address

Parent/Guardian Cell Phone

Other Emergency Contact Name

Other Emergency Cell Phone

Special Consideration (allergies, medications, etc.)

*Grad Night fundraisers will be held throughout the year to help finance the event. To make Grad Night available to more students, **please consider a donation** to help defray costs and provide Grad Night financial assistance for those in need.*

<i>Item</i>	<i>Quantity</i>	<i>Amount</i>	<i>Total</i>
Grad Night Ticket - Branham High School \$125		\$	\$
Extra Donation Amount (optional) (Tax ID #90-1180854)			\$
Total Enclosed or Paid Online (checks payable to "Branham PTSA")			\$

GRAD NIGHT PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of the students who may participate in the PTA sponsored Grad Night Event on June 2, 2022:

1. _____
Participant Name Age, if minor child
2. _____
Participant Name Age, if minor child
3. _____
Participant Name Age, if minor child
4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in the PTA sponsored Grad Night event.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date
- _____
Address City State Zip Phone (include Area code)