



Homecoming Dance Information
Date: Saturday, Oct. 18, 2025, 7pm-10pm WL Stadium

Student Name: _____

Student ID: _____

Ticket Sales Information:

***Seniors ONLY** Tix Sale begins: **Friday, Oct. 10**

*Tickets for all grade levels go on Sale (**Tuesday, Oct. 14- Friday Oct. 17**) during all LUNCHES in the Auditorium Lobby

***Guest Tix Sales ONLY on Friday, Oct. 17**

* \$30 WL Student and \$35 Guest – **Cash or Check**

*Do not FORGE SIGNATURES

How to Buy a Ticket:

1. Pay class dues via School Cash Online
*Dues 9th-11th \$25 & 12th - \$60

2. Parent signs this Hold Harmless Release

3. Dues Drive Oct. 7-9: Verify Dues Payment or Pay Dues (cash/check) in Cyber Cafe - you will get a dues slip to buy a ticket.

4. Bring Hold Harmless and Dues Slip to the Auditorium and buy a Hoco Dance Ticket.

***Guests:** Must fill out this hold harmless form and an additional Permission Form before purchasing a ticket.

Indemnification, Hold Harmless, Assumption of Risk, Waiver and Release

In consideration of my child being permitted to participate in the bouncy house/inflatable activities at the Homecoming Dance, I agree to indemnify, defend, and hold harmless, Arlington County Public Schools, Washington Liberty HS, their Boards, officers, agents, volunteers, employees and Mid-Atlantic Adventures from any claims, dangers, and actions of any kind or nature, whether at law or in equity, arising from my child's participation in the bouncy house. I understand that my child's participation in this event includes possible physical injury and accept the risks that arise out of participation, including, but not limited to the following: contact with other participants, equipment, walls, and floors, lack of hydration, trips and/or falls, and elevated heart rate. I recognize that there are many other risks of injury including but not limited to tendonitis, strains, pulls, fractures, dislocations, delayed muscle soreness, heart attack, contusions, abrasions, serious eye damage, serious and disabling injuries, or even death, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every individual injury risk. By signing this form, I desire, consent, and voluntarily choose to allow my child to take part in all such activities. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that Arlington County Public Schools and (Washington Liberty HS), their Boards, officers, agents, volunteers, employees and Mid-Atlantic Adventures conducting such activities will not be responsible for any damages or injuries resulting to me.

I hereby give my permission for Arlington County Public Schools and/or Washington Liberty HS; to seek appropriate medical attention for my child should I be unable to authorize it myself. I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and Arlington County Public Schools and Washington Liberty HS, their Boards, officers, agents, volunteers, employees, and Mid-Atlantic Adventures will not be responsible for any related expenses. Furthermore, I acknowledge that my child has been given a physician's permission to participate in physical activity or that I have decided to allow my child to participate in physical activity without the approval of a physician. By voluntarily taking part in this activity I, on my own behalf and on behalf of my heirs, next of kin, and all representatives, after having been advised of the potential hazards of this activity, do hereby waive and release all demands and claims, whether in law or in equity, that my heirs, next of kin, and all representatives or I might otherwise have against Arlington County Public Schools and Washington Liberty HS, or their Boards, officers, agents, volunteers, employees and Mid-Atlantic Adventures, on account of any injuries, disabilities, death, property damage or losses and expenses of any nature whatsoever, resulting from my child's participation in the bouncy house/inflatables.. **By signing below, I signify agreement to all the terms and releases stated on this Indemnification, Hold Harmless, Assumption of Risk, Waiver, and Release form.**

Student Name _____ Student ID#: _____ Grade: _____ Date: _____

Parent/Guardian Signature: _____