



Stamp

Homecoming Dance Information

Student Name: _____

Student ID # _____

Dance Information:

***Tickets go on Sale (10/22-10/25) during all LUNCHES**

***Senior Sales start on Monday 10/21**

***Guest Sales only on Friday 10/25**

***Saturday, October 26, 2024, from 7 to 10pm on the Stadium Field**

*** \$30 WL Student and \$35 Guest – online SchoolCash, 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. Sign and bring this **Hold Harmless Release** to the Main office or Rm 1019

3. When cleared, you will **receive a stamp** and can proceed to buy a ticket with this top slip.

***Guests:** Must fill out an additional Permission Form before purchasing a ticket on the last day of ticket sales. **Forms in 1019.**

4. If you purchase a ticket online via SchoolCash, you **MUST** still complete this form and pick up your **physical ticket** during 3 lunches

****Only a PHYSICAL TICKET will gain you admission to the Dance.**



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 and Washington Liberty HS, their Boards, officers, agents, volunteers, and employees 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 and employees 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, and employees 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 and employees, 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: _____