

**IRVINE HIGH SCHOOL GRAD NIGHT 2020**  
**Seniors only**  
Thursday, June 4, 2020

**Ticket Purchase Agreement / Permission Slip. PLEASE PRINT CLEARLY.**  
Visit <http://www.irvinehsgradnight.com> for more information and to pay online.

Name of Graduate: \_\_\_\_\_ Short id: \_\_\_\_\_  
Graduate Cell phone number: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Parent/Guardian Home/Cell number: \_\_\_\_\_  
Email Address Parent (please print clearly) \_\_\_\_\_  
\_\_\_\_\_ CASH \_\_\_\_\_ CHECK (# \_\_\_\_\_) \_\_\_\_\_ ONLINE (<http://www.irvinehsgradnight.com/>)

PLEASE MAKE CHECKS PAYABLE TO: IHS PTSA (Note Grad Night and Student ID# in memo area)  
TICKETS ARE NONREFUNDABLE AND NONTRANSFERABLE. RETURN COMPLETED FORM  
WITH PAYMENT TO SPUR SHOP or PTSA MAILBOX IN UPSTAIRS OFFICE. **PERMISSION  
SLIP IS MANDATORY TO ATTEND!**

**Student Agreement:**

Students must arrive and depart from the Grad Night location by provided transportation. No personal transportation to/from the event will be allowed. No exceptions. I understand that all ticket sales are final. All tickets are nonrefundable and nontransferable. I understand and agree to the policies and provisions of my participation in Grad Night 2020 of Irvine High School. I agree not to carry into the party premises any materials or liquids which will affect my behavior and/or will have a detrimental effect on other's enjoyment of the evening. I understand that I may be patted down for illegal substances. I understand that once I enter the party facility, I may not leave unless my parent or guardian personally arrives at the Grad Night location to sign me out. (This must be prearranged)

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**A parent/guardian must sign this liability release regardless of student's age as this is a PTSA event.**

**Liability Release:**

I understand that my child may be patted down for illegal substances. I agree that the IHS Grad Night Committee, IHS PTSA, and/or Grad Night Event Coordinator and facility will not be held liable for injury or illness incurred while in attendance at Grad Night. The undersigned parent/guardian assumes all risks in connection with the student's participation in all PTSA sponsored events. In case of injury, and if unable to reach parents by phone, I understand that Grad Night chaperones and/or employees of the Grad Night facility will seek medical assistance as deemed necessary.

Please list any allergies/medical concerns below.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Date**

**THIS FORM MUST BE RETURNED WITH SIGNATURES. Questions? Contact Leslie Severson at [lseverson@sbcglobal.net](mailto:lseverson@sbcglobal.net) or (818) 486-5339.**