Hillsboro Project Prom
123 Leon Parkway, Hillsboro, MO 63050

Project Prom Q&A – All Night Event!!! Registration Due April 26, 2019 – Cost $20.00

What is Project Prom? Project Prom is an After-Prom event that is drug and alcohol free. It is open to all Hillsboro High School Junior and Senior students and their dates. This year it will cost $20 per person. It includes Fort Nite, board games, swimming (appropriate swimwear – no string bikinis and must have swimming trunks), open gym, dodge ball, bubble soccer, mountain climbing, and balloon drop plus food, drinks, prizes, etc. Junior and Senior students may attend even if they don’t attend Prom. The goal is to give the students a safe and fun event after prom.

Who is Project Prom? Project Prom is organized by parents and volunteers whose goal is to keep our students safe. We are independent from the school district and rely solely on donations and fundraisers. If you would like to volunteer to help with Project Prom please contact Beth Sansoucie 314-276-5911. Any donation of volunteer time is appreciated!

When/Where is Project Prom? Project Prom will be held May 4, 2019 at Jefferson County YMCA in Festus, MO. It will begin following Prom at 11:00 PM and will end at 5:00 AM on May 5, 2019. Students must be checked in no later than 12:00 AM. Students are not permitted to leave during this time, unless picked up by a parent/guardian. All students and dates must register in advance for Project Prom and complete a waiver/release of liability (extra copies available in High School office). Registration is capped at the limit of the first 85 students. Anyone over the age of 20 years old is not allowed to attend.

Participant #1 (print name) ____________________________________________________________________________ Participant #2 (print name) ____________________________________________________________________________
Parent/Guardian Email: ____________________________________________________________________________Student Email: ____________________________________________________________________________
Number of Registrations: ______ X $20 = $ _______ Cash/Check Total (enclosed) $ _______

Please turn in Waiver and Payments to: Julie Reiter HHS Secretary 123 Leon Hall Parkway Hillsboro, Missouri 63050
Please complete Event Waiver Below. All registrations due: April 26, 2019 For additional questions, please contact event chair, Beth Sansoucie 314-276-5911

Project Prom Waiver and Release of Liability --- May 4-5, 2019

I acknowledge that the Hillsboro High School Project Prom is an event that involves risks. I hereby assume all the risks of participating/volunteering for this event. I acknowledge that this Accident Waiver and Liability form will be used by the holders, sponsors, and organizers of the event and that it will govern my actions and responsibilities at the event, including my travel to and from this event. I hereby take action for myself, executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release and discharge Hillsboro High School and the Hillsboro High School Project Prom Committee, its directors, officers, volunteers, representatives, and agent from any liability, loss, and cost, claim, damage and cause of any kind; and (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all such liabilities or claims made as results of participation in this event and hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this event. I understand that I may be photographed at this event. I agree to allow my photo, video or film likenesses to be used for any legitimate purpose by the event holder and assign. I hereby certify that I have read this document and I understand its content.

Parent/Guardian Waiver: Participant (print name) ____________________________________________________________________________ Signature ____________________________________________________________________________

Parent/Guardian (print name) ____________________________________________________________________________ Signature ____________________________________________________________________________

Emergency Phone # ____________________________________________________________________________ Date Signed ____________________________________________________________________________ Student Grade ____________________________________________________________________________

Student Cell Phone # ____________________________________________________________________________ If you’re not a HHS junior or senior, dates name ____________________________________________________________________________ Grade/Age ____________________________________________________________________________

In case of emergency, I request my child be taken to ____________________________________________________________________________hospital. If the school is unable to contact me, I hereby authorize the school and/or hospital and physician to treat my child as they deem necessary.