

2019 City High School Party After Prom
Saturday, May 4th, 11:00pm – 2:30am
UI Campus Recreation and Wellness Center
309 S. Madison Street

This is not a school-sponsored event

Parent/Guardian Name(s) _____

Email Address _____

Cell Phone(s) _____

Student Name _____

Student Cell Phone Number _____

Attendee is:

- City High School Senior
- City High School Junior
- Guest

Notify me via phone at the number listed above if my child:

- Has not registered for the Party After Prom by 12:00am
- Leaves the Party After Prom before 2:00am

****Read and Sign this Release of Liability****

I understand the persons serving on the Party After Prom committee are all volunteers who are donating their time and efforts. In consideration of these donated efforts, I agree to release the Party After Prom committee members, and all parents and volunteers who participate in this program **FROM ALL LIABILITY OF ANY INJURY OR DAMAGES ACCURRING OR RESULTING FROM THE PARTY. I UNDERSTAND THAT THIS IS A COMPLETE RELEASE OF LIABILITY.** If this document is signed by only one parent/guardian, that person states that he/she has full authority to execute this release on behalf of his/her son/daughter and on behalf of any other parent/guardian concerned. The undersigned agrees to hold the committee and its members harmless in connection with any claim of liability.

Parent/Guardian Signature(s) _____

Student Signature _____

Date _____

Questions? Please contact Tracy Rew at 319.331.2174 or Ursula Fellows at 319.430.3623

