

**Grad Bash Permission Form: Apopka High School Senior Class of 2024**

My AHS senior \_\_\_\_\_ (*last, first*) has my permission to attend the Grad Bash event at Universal Studios/Islands of Adventure with Apopka High School on Friday, April 12, 2024.

I understand that my student/....

- Must be in good standing academically (on track to graduate) and have no behavioral issues in order to attend (no Level 3 or 4 referrals this school year).
- **Must clear obligations through Mrs. Willard (Media Center) \_\_\_\_\_ *Initials***
- Must adhere to the published dress code set forth by Universal Studios and Apopka High School.
- Must follow all Apopka High School and Orange County Public School rules and regulations at all times. Grad Bash is a drug-free, alcohol-free, and smoke-free event.
- Is required to use transportation provided by the school to and from Universal Studios.
- Is NOT able to leave this event, which is a lockdown for high school seniors only.
- Must arrive at the school no later than 5:30 p.m.
- Must have transportation to leave campus at approximately 2:30 a.m. upon returning from Universal Studios.
- Will not receive a refund for the event if he or she should fail to attend, arrive late, or is out of dress code upon arrival at Apopka High School.
- Should see Ms. Modesto if a change in plans should occur and he or she cannot attend Grad Bash. She will make an attempt to resell the ticket given a reasonable amount of time. No changes will be made after Spring Break.

**Inappropriate behavior at school, at the Grad Bash event, and/or on the bus could jeopardize my participation in all remaining senior activities. Information is subject to change at the discretion of Apopka High School.**

I have read and agree to the Apopka High School rules and requirements listed above.

\_\_\_\_\_  
Guardian Name/Relationship (please print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Emergency Contact Number

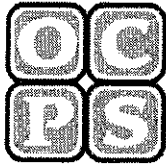
\_\_\_\_\_  
Additional Emergency Contact Number

\_\_\_\_\_  
Student Name (please print)

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

\_\_\_\_\_  
Student Cell Phone Number

Any medications/medical information we should be aware of? If yes, please list below.



# ACTIVITY PERMISSION SLIP

As parent or legal guardian of \_\_\_\_\_  
(Name of Student) (Student ID Number)

I hereby give my permission for my child/ward to participate in the following activity/activities (hereinafter "this activity") and understand that his/her participation is voluntary.

Date/Time of Event: 04/12/2024 17:30 Universal Studios Orlando FL  
(MM/DD/YYYY) (Time) (Destination)

## Grad Bash

(Detailed Activity Type/Purpose)

- ❖ I acknowledge and understand that there is some risk involved in my child/ward participating in this activity. In consideration, I, the undersigned, on my own behalf and on behalf of my child/ward, forever release Orange County Public Schools, the School Board of Orange County, Florida, and any and all employees, agents, and Volunteers from any liability for medical expenses, disability, death, disfigurement, lost wages, diminished earning capacity, mental anguish, and emotional distress arising from this activity.
- ❖ I acknowledge that I have been informed that this activity may have rides that may have health warnings on them, such as roller coasters and other fast motion rides, and/or may involve water. I confirm that my child's/ward's records on file with OCPS are current with regard to any medical condition(s), physical condition(s), vaccinations, and limitations, and affirm that he/she has no condition that would preclude him/her from participation in this activity.
- ❖ I understand that the School Board of Orange County, Florida and Orange County Public Schools are self-insured and do not carry insurance coverage for student accidents and injuries, including death. I further agree that any insurance I may carry on myself and my child/ward shall be primary and/or I will make arrangements, prior to this activity, to purchase student accident insurance to ensure insurance is available for my child/ward for the duration of this activity.
- ❖ I acknowledge and authorize that my child/ward will be transported to, from, and during the above-mentioned activity. I understand that OCPS may or may not be providing transportation using OCPS vehicles. In accordance with OCPS Policy EEAG, each child's/ward's parent or guardian shall give prior written consent (Authorization and Request for Transportation of Student in Privately Owned Vehicle and Release of Liability Form) to the transportation of a child/ward in a privately-owned vehicle. I further release the School Board of Orange County, Florida and Orange County Public Schools from any claim arising out of the transportation of my child/ward by me, my child/ward, other student, or third party.

This indemnification shall not apply to any claims, damages, losses, and expenses arising from The School Board of Orange County, Florida's sole gross negligence or intentional misconduct.

In accordance with OCPS Policy JJB, All school social functions and recreational activities under the sponsorship of the school shall have one chaperone for every 10 students unless otherwise established herein. At least one chaperone shall be a member of the school staff.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name (Printed)

Apopka High School  
School Name

School Use: on \_\_\_\_\_

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