

**Casino Knights After Prom**  
**Harvest Ridge Fairgrounds - Ag Building**

**April 26<sup>th</sup> 2025 - 10:30pm – 2:00am**

**This completed form (front and back) must be returned to the after prom committee when you purchase your ticket on April 9th, 10th, or 11th. After Prom tickets will be sold during the lunch periods. Tickets are \$5.**

\_\_\_\_\_  
**STUDENT'S LAST NAME**

\_\_\_\_\_  
**STUDENT'S FIRST NAME**

Recognizing the potential dangers of prom night, the West Holmes Junior Class parents are sponsoring a post-prom event. Statistics show that Prom/Graduation time is one of the most dangerous times for teens. That being said, this event is designed as a safe, substance and alcohol-free environment for students after their junior/senior prom. The above student has my permission to attend the After Prom activities sponsored by the West Holmes Junior Class parents at Harvest Ridge. I understand that participants in the After Prom activities will go from, Prom to After Prom, where there will be large restrooms to change clothes. Activities may include bull riding, obstacle course, games, line dancing, a cash vault, and prize drawings. **I understand that the activities will be chaperoned by Junior Class parents and local law enforcement.** Since there may be risks involved with driving late at night and participating in After Prom activities, my signature below indicates my assumption of the possible risks. The student and the student's parents (if the student is a minor) waive and relinquish any and all claims and causes of action against the Junior Class parents, the West Holmes After Prom Committee, Harvest Ridge Fairgrounds, or the West Holmes Board of Education; for personal injury, property damage, or wrongful death in connection with, relating to or arising from driving to and participation in the After Prom activities, wherever and however such personal injuries, property damage, and wrongful death occur.

I understand the activities will begin at 10:30 pm on April 26<sup>th</sup> and conclude at 2:00 am. My son/daughter must remain at Harvest Ridge during those hours unless otherwise specified by my signature below. In that case, my son/daughter may sign out at the specified time below. My son/daughter must arrive at After Prom no later than 11:15 pm. Parents will be notified of any student not checked in by 12:00pm. No alcohol, drugs, vaping, or tobacco are permitted. I understand that if my child violates any of the rules of conduct for the After Prom, I will be called at the number below and will be expected to pick up my son/daughter at Harvest Ridge.

\_\_\_\_\_  
Date \_\_\_\_\_, 2025

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

\_\_\_\_\_  
**Parent/Guardian Phone Number**

**CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ My son/daughter has permission to sign out at \_\_\_\_\_ pm/am

\_\_\_\_\_ My son/daughter DOES NOT have permission to leave before 2:00am.

**(Grand Prize drawings will be held at 1:30 am – Must be present to win.)**

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

I have read the rules for the 2025 After Prom activities and will abide by them, including those banning the use of alcohol, tobacco, vaping, and drugs. I will conduct myself in a manner appropriate for the After Prom and will follow the instructions given by the chaperones.

\_\_\_\_\_  
**Student/Guest Signature**

**(continue on back)**

**TO BE COMPLETED AT THE AFTER PROM**

Departure Time: \_\_\_\_\_

Signature: \_\_\_\_\_

**Emergency Medical Authorization**

**West Holmes After Prom**

**April 26, 2025**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Any known allergies, conditions, medications, etc. which care providers should be alerted:

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If, during the course of my son/daughter's participation in After Prom activities, he/she becomes ill or sustains injury, I hereby authorize any chaperone to obtain emergency medical treatment for him/her. I will assume financial responsibility for such medical treatment.

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature

I do NOT authorize emergency medical treatment for my son/daughter.

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature