

## FAMILIES AND FRIENDS OF CASTLE (FFC) PROJECT GRAD 2025 PARTICIPATION WAIVER

Project Grad is an overnight celebration event offered to all seniors of Castle High School and will be held immediately following the graduation ceremony. Project Grad is not a school sponsored function but is coordinated separately by a group of volunteer parents and community members; it is a school approved activity. **Parent AND Participant**, please complete this required form by **reading the below paragraphs and initialing your consent to the Project Grad Waiver requirements.**

*(Participant's Name)* \_\_\_\_\_ *has my permission to attend FAMILY AND FRIENDS OF CASTLE PROJECT GRAD 2025 - A DRUG, ALCOHOL, AND TOBACCO FREE OVERNIGHT CELEBRATION.*

**Parent & Participant initials:** \_\_\_\_\_ In consideration of the benefits of participating in Project Grad, I have full confidence that every precaution will be taken to ensure the safety of my participant. My signature on the next page confirms my understanding of this event. I agree to hold harmless and waive all claims to not place suit or hold liable any Project Grad volunteer persons, Hawaii State Department of Education, State of Hawaii, Family and Friends of Castle Project Grad Committee, James B. Castle High School, including administrators, faculty and staff, Families and Friends of Castle, or any other person operating under the direction of the Project Grad Committee for any incident, injury or fatality that may occur to my participant while attending this event and participating in any of the planned activities.

**Parent & Participant initials:** \_\_\_\_\_ ***I will ensure that my participant will check into Project Grad drug, alcohol, and tobacco free.*** In the event that my participant is found to be in the possession of, or exhibits signs or symptoms of being under the influence of any illegal substance, is fighting with others and/or exhibiting unruly, confrontational and/or threatening behavior, or is in possession of any item prohibited by Project Grad (such as, but not limited to – drugs, alcohol, tobacco, any electronic device such as cell phones, pagers, cd/dvd players, laptops, iPads, iPods, backpacks, purses, wallets, bags, lei, candy, beverages, yearbooks, gum, cigarettes, matches, lighters or any similar items) the authorized person(s) designated to pick up the participant (listed on this form) will be contacted to pick up the offender immediately. Project Grad participants can only be released to the authorized person(s) designated on this waiver; if that person cannot pick up the participant, Project Grad is authorized to turn the participant over to the Honolulu Police Department (HPD); HPD will contact the designated driver with a pick-up location. The designated driver will be required to provide their valid driver's license at time of pick up. *Under no circumstances will participants be allowed to drive or walk home by themselves.*

**Parent & Participant initials:** \_\_\_\_\_ If my participant is a "no show" at the bus departure time for this event, my designated pick-up person will be notified by phone at the phone number(s) given on this waiver. If there is no answer, a voicemail will be left at the phone number(s). Regardless of whether voicemail is or is not available, or whether the message is or is not listened to, this notification phone call of my participant's absence at the time of bus departure will release the Project Grad Committee of responsibility for my participant during the Project Grad event time frame.

**Parent & Participant initials:** \_\_\_\_\_ I understand that at the conclusion of the Project Grad event, my participant cannot leave the Castle High School premises and its surrounding area without their designated pick-up person signing for their release. The designated person must sign out with Project Grad check-out volunteers located inside CHS Cafeteria. I further understand I will be responsible for my participant once he/she is signed out by my designee. In order to prevent accidents or fatalities due to fatigue, I promise not to allow my participant to drive or walk home.

**Parent & Participant initials:** \_\_\_\_\_ Project Grad has my permission to film my participant in good taste if a DVD of the event is created by the Project Grad Committee. The DVD may be distributed by the Project Grad Committee to my participant or parent/guardian listed on this form. I understand that this DVD may be viewed by others for use as an informational multi-media tool for Project Grad.

**Parent & Participant initials:** \_\_\_\_\_ Due to safety concerns, I understand that if my participant is pregnant during the time of the Project Grad event, she will be required to provide a release from her doctor consenting for her participation in any and all activities without restrictions to mother and unborn child. If a doctor will not provide this release, the participant will be provided a full refund less non-refundable fees paid for Project Grad and will be removed from Project Grad participation. If a participant withholds pregnancy information and attends Project Grad without a doctor's release, I agree to hold harmless and waive all claims to not place suit or hold liable any Project Grad volunteer persons, Hawaii State Department of Education, State of Hawaii, Family and Friends of Castle Project Grad Committee, James B. Castle High School, including administrators, faculty and staff, Families and

Friends of Castle, or any other person operating under the direction of the Project Grad Committee for any accident, injury or fatality that may occur to my participant or unborn child while attending this event and participating in any of the planned activities.

**Parent & Participant initials:** \_\_\_\_\_ In case of emergency, Project Grad has permission to take/send my participant to the nearest emergency room if deemed necessary. (Due to the Privacy Act, Project Grad can only notify parent/guardian contacts listed on this waiver as to which emergency room participant has been taken to.)

**Parent & Participant initials:** \_\_\_\_\_ Project Grad Committee/Volunteers have permission to accept and to administer only medication which is stored in its valid prescription container with the participant's name printed on the prescription label during the Project Grad event. Any unused medication will be available for pick up after the event at check out in the CHS Cafeteria. Unused medication not claimed after the event will be discarded.

**Parent & Participant initials:** \_\_\_\_\_ Project Grad Committee/Volunteers may administer Tylenol, or Ibuprofen to my participant if necessary.

**Parent & Participant initials:** \_\_\_\_\_ There is a \$35 service charge for any personal check returned for insufficient funds in regards to Project Grad payments..

**Parent & Participant initials:** \_\_\_\_\_ **Deadline for requesting a refund payment made for Project Grad is December 31, 2024.** The nominal cost charged for the event provides the participant with food, transportation, entertainment, customized swag and activities throughout the night-long celebration. All venues for this event are secured by the end of November; therefore, fees have already been used to pay for participation and will not be refunded after December 31, 2024.

## Student Agreement for Project Grad Participation c/o 2025

I (student's name) \_\_\_\_\_, understand and agree to the policies and provisions of my participation in the Families and Friends of Castle Project Grad celebration. I am aware that alcohol, drugs, vapes and tobacco are not permitted at this event, and I agree not to indulge in or possess any substances which will affect my behavior or negatively impact others' enjoyment of the event. I understand that once I check in for Project Grad, I may not leave until the person designated to pick me up has signed for my release with Project Grad check-out volunteers at the end of the event.

I have read and discussed all information on this Project Grad waiver form with my parent(s)/guardian(s) and I agree to hold harmless and waive all claims, not to place suit or hold liable any volunteer persons, Hawaii State Department of Education, State of Hawaii, Families and Friends of Castle Project Grad Committee, James B. Castle High School, including administrators, faculty/staff, or vendors for this project grad celebration event for any incident, injury or fatality that may occur to me while attending this event and participating in any of the planned activities.

**Student, please fill out below information clearly:**

**\*\*ALLERGIES/HEALTH CONDITIONS** Please note in the space below if the participant has any significant health condition or concerns Project Grad volunteers should be aware of (dietary needs, allergies, epilepsy, diabetes, medications needed during the event, etc.) Please list condition(s), medication(s), and instructions needed, **if not applicable please write 'NONE.'**

Print Student Name:		Student Signature:	
Cell #:	Student Email:		
T-Shirt Size (circle one): <b>XS</b> <b>S</b> <b>M</b> <b>L</b> <b>XL</b> <b>2XL</b> <b>3XL</b> <b>4XL</b> <b>5XL</b>			

**Parent/Guardian, please fill out below information clearly:**

Print Parent/Guardian Name:		Parent/Guardian Signature:	
Cell #:	Work #:		
Mailing Address:		Email (will be used to send updates/changes regarding Project Grad):	

**Parent/Guardian or the following person(s) over the age of 18, with ID are designated to sign out my participant at the end of the Project Grad event.**

Name & Relationship:		Name & Relationship:	
Cell #:	Email:	Cell #:	Email:

For more information, please contact Mimi Bruhn: **castlepg2025@gmail.com** or **(808)772-2632**

Payment Made: (circle one)    **CASH**            **CHECK #** \_\_\_\_\_

Checks made payable to: **FFC Project Grad**

## **PROJECT GRAD COST AND PAYMENT INFORMATION**

The projected cost for this type of event is well over \$500 per participant, however, due to the ongoing fundraising efforts of The Castle Project Grad committee, the out-of-pocket cost for the students' participation is kept as affordable as possible.

**Payment made by 12/15/24, the cost is \$300**

**Payments made between 12/16/25-2/28/25, the cost is \$350**

**Payments made between 03/01/25-04/04/25, the cost will be \$450**

**Final registration for this event is 04/04/24, however, from 04/04/25 through 04/17/25, registration will continue to be taken on a first come, first served basis, limited to the number of seats available on the reserved buses. Due to the late date, the cost will be for the full amount, \$450, cash only, and will need to be hand delivered to a Project Grad Committee Chair.**

**\*Refund exception request:** Only students **NO LONGER ELIGIBLE TO PARTICIPATE** will be considered for a refund exception. Student not eligible for graduation or medical emergency is an example for an exception request but simply changing your mind is not a valid reason. The participant and their parent/guardian must submit a signed letter to the Project Grad Committee via email with a detailed explanation for their request. *A letter requesting a refund exception does not guarantee a refund.* Last day to submit a refund request will be February 28, 2025, after this date, NO REFUNDS will be processed. Thank you for your understanding.

**Payment, in the form of a personal check, money order, or cashier's check, made payable to "FFC Project Grad" along with participant waiver forms may be mailed to:**

***FFC Project Grad Registration  
PO Box 226  
Kaneohe, HI 96744***

**Cash cannot be accepted by mail. Castle High School Office Staff are NOT responsible for accepting Project Grad payments/forms, therefore please *do not drop off any forms or money to the school office.* Project Grad will not be responsible for lost or stolen payments. If you have questions, please contact the Project Grad Committee Chair.**

### **IMPORTANT PROJECT GRAD 2024 INFO**

**Project Grad Chair: Mimi Bruhn (808)772-2632**

**Email: [castlepg2025@gmail.com](mailto:castlepg2025@gmail.com)** - Send an email for information about Project Grad, questions, meeting dates, volunteer opportunities.

We encourage parents/guardians, family and friends, alumni and any adults interested in supporting Project Grad to join our committee and attend our monthly meetings. Please contact the chair by phone or email for more details. Volunteers are needed for the many fundraising opportunities held throughout the school year, so please come out, join us & help make this a night to remember!

### **IMPORTANT DATES:**

**Early Bird Pricing: \$300.00 from Today till December 15, 2024**

**Discounted Pricing: \$350 from December 16, 2024 - February 28, 2025**

**Full Price: \$450 from March 1, 2025 - April 4, 2025 (April 4-15, \*\$450 price to attend subject to space availability)**

**April 4, 2025 (Subject to change): Final deadline for Project Grad Participation Waivers, Balance Payments**

**\*Mandatory Project Grad Parent Meeting will take place, date/time TBA via email provided**

**May 17-18, 2025: Family and Friends of Castle Project Grad 2025!**

**May 18: Project Grad Celebration ends** – participant check out/pick-up at CHS Cafeteria. Only the person(s) designated on the Participation Waiver will be allowed into the cafeteria to sign for and release the participant. Valid driver's license/ID required.