Safe and Sane Registration Form

Name of Senior:	aduate of LHS Senior Class of 20.	Senior Birth Date	Senior Birth Date: (mm/dd/yr) Parent Phone: Parent Email:		
_					
Address:		Parent Email: _			
City, ZIP:		Senior E-mail: _	Senior E-mail:		
To ensure your child's safe	ty, parents will be called if yo	our child does not arrive ir	a timely manner.		
County Public School buse		ncourages your new grad	/ to Linganore High School via luate to ride the bus or ride hor		
Please check one box: N	My child will be riding the b	ous My child will r	My child will ride home with a parent volunteer		
Registration Timeline:	Register through January Register January 16 - Ma Register May 16 - June 2 ***Registration received	y 15 \$40.00 \$50.00	\$40.00 1 Additional Car Raffle Ticket		
NOTE: Those unable to pa	ay the fee should submit a co	mpleted from to Ms. Lars	on in Student Services for a fe	e waiver.	
STUDENTS SHOULD T	URN IN REGISTATION F	ORM AND PAYMENT	TO THE FRONT OFFICE C)R:	
		Make checks payable LHS PTSA/ Safe & Sa	Date	Cash	
•	l Jennifer Safsten (LHSSa Veinel (Jen.Weinel@como		n) Paid		
FOR GOOD AND VALUABLE CONS	ersity and related activities, I, for m	to participate in the Linganore	F RISK AGREEMENT High School Safe and Sane Party held n of the minor and on behalf of the m		
Agree that prior to participation			d if I believe any of them are unsafe,	I will	
which may result not only from t	he participants own actions, inaction	ons, or negligence, but also fro	serious injury or death, including econ m the actions, inactions, or negligend the rules of play, or this type of ever	ce of others,	
	rsonal injuries to participant, includes sed by or arising from participation		permanent or partial disability, death,	, and damage	
4. Covenant not to sue or preser Committee attributable to partic		pperty damage, or wrongful de	ath against Linganore High School Sa	fe and Sane	
			any liability, loss, damage, claim, de er same shall arise by their negligence		
			rticipation in this event or activity, w photographs, pictures, slides, movies		
7. Warrant that the participant is	s in good health and has no physica	al condition that would preven	t from participating in this event or a	ctivity.	
	RTY DAMAGE CAUSED BY NEGLIGE		FROM LIABILITY FOR PERSONAL INJU MENT, UNDERSTAND THAT I HAVE G	,	
Participant Name- Printed	Participant- Sign	nature	Date		
Parent/Guardian Name- Prin	ted Parent/Guardia	n- Signature	 Date		