

Lock-In Permission Form

When: Monday, Dec. 21, 3-6 pm

Where: BVCS Auditorium

Who may come: BVCS middle and high school students who submit permission forms.

Why: to equip students to make good decisions about vaping and have some fun.

What will happen: The Prevention Team & Reality Check will give a presentation about the risks of vaping. We will have pizza and giveaways. There will also be a student leadership Q&A panel and activities in the gym with Mr. Buehler.

Cost: free

Sponsored by: the Elizabethtown Social Center, in collaboration with the Prevention Team of Essex County, Reality Check, and the following BVCS groups: NHS, Student Council, Athletic Dept. and Guidance Dept. Contact the Social Center with questions at (518)873-6408.

Students are expected to:

- wear a mask
- be respectful
- learn something useful & have fun
- stay for the duration of the event
- follow Codes of Conduct/rules for both school and the Social Center

The following will not be tolerated:

- mocking the event, participants, or the information presented
- bullying of whistleblowers

Failure to meet these expectations will result in early departure.

Please be prepared for the possibility of picking up your child early.

Please complete page 2 and submit to the school office by

Thursday, Dec 17.

Lock-In Permission Form (page 2)

STUDENT NAME: _____ GRADE: _____

Custodial Parent/Guardian: _____ Phone : _____

Other Parent/Guardian: _____ Phone: _____

Additional Contact for Emergencies (Other than those above)

Name: _____ Phone: _____

Any known allergies or medical concerns? YES _____ NO _____

If yes, please describe: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the expectations on page one. I agree to comply with all of the rules. I understand that I may need to leave the event if I do not comply with the rules.

STUDENT SIGNATURE: _____ **DATE:** _____

I have read the information on page one and discussed the rules with my child. I give permission for my child to participate in this event.

This agreement is made upon the express condition that the Elizabethtown Social Center, Inc., the Prevention Team of Essex County, Reality Check, and Boquet Valley Central School District, their agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, or death to any person or property of the Permittee, its agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this agreement or occasioned by any occupancy or use of said premises or any activity carried on by the Permittee in connection herewith, and the Permittee hereby covenants and agrees to indemnify, defend, save and hold harmless the afore named organizations, their agents and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.

PARENT SIGNATURE: _____ **DATE:** _____