Dear Class of 2020 Seniors:

Join your fellow graduates for a fun-filled, memorable night on Thursday, June 4, 2020 at Joe Dumars Fieldhouse, 456300 Mound Road, Shelby Township. The night will be filled with games, music, entertainment, prizes, food and much more!

TIME: Students will meet in the back parking lot of Clawson High School (off Broadacre) at 11:00 p.m. to check-in for the bus. Bus departure time is 11:30 p.m. Students will return to the high school via bus by 6:00 a.m. on Friday, June 5th.

TRANSPORTATION: Students will be transported by bus to and from the Senior All Night Party. You MUST travel on the bus; you will not be allowed into Joe Dumar’s Fieldhouse if you are not on the bus.

COST: Tickets are $50.00 and include a special CHS commemorative gift if ordered by April 1, 2020. We cannot guarantee the gift on any tickets purchased after April 1, 2020 as these need to be ordered ahead. We are also asking for all permission slips and payments to be turned in by May 29, 2020 to ensure that we have enough food and prizes for everyone. (No one will be turned away, but we may not be able to ensure there are prizes after this date). Cash or check made payable to CHS SANP.

1. Students must arrive/depart on the bus.
2. Students are expected to follow all rules of Joe Dumar’s Fieldhouse
3. No one will be allowed to leave the premises during the party
4. Outside food and beverages are not permitted

Please turn in the bottom portion, all signed waivers and money in an envelope to the high school office.
Any questions, please contact Jodie Holliday at jholliday2120@hotmail.com or 248-703-8766.

________________________________________ will attend the Senior All Night Party, from 11 pm Thursday, June 4th to 6 am Friday, June 5th.

Student Name

We understand that once he/she arrives, they will not be allowed to leave without a parent/guardian escort. We have read and comply with all the above stated rules.

________________________________________
Student signature

________________________________________
Date

________________________________________
Parent/Guardian Signature

________________________________________
Date

________________________________________
Parent/Guardian printed name

phone number – in case of emergency
Thank you for putting your trust in us!

Dear Event Participants,

We have worked hard to create a first-class athletic, event and entertainment facility that is safe for people of all ages. While injuries are extremely rare, there are some inherent risks to the activities we offer. As a result, our insurers require that participants or their legal guardians acknowledge and accept these risks.

Please review the consent form below, and if it is acceptable to you, fill in the requested information and sign it where indicated. **YOU SHOULD BRING THE COMPLETED FORM TO THE EVENT.** Unfortunately, we are unable to permit participation without all of the information on file.

Feel free to call with any questions you may have. We greatly appreciate your interest in our facility and the programs and activities we offer.

Yours truly,
Joe Dumars and the Fieldhouse Team

<table>
<thead>
<tr>
<th>Type of Event:</th>
<th>FIELDTRIP</th>
<th>LOCK-IN</th>
<th>CORPORATE OUTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle one)</td>
<td>TEAM EVENT</td>
<td>BAR/BAT MITZVAH</td>
<td>BIRTHDAY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHIRLYBALL</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

Participant Name: ___________________________ Birthdate: ___________________________

Legal Guardian Name: ___________________________

Address: ____________________________________

City: ___________________________ State: _______ Zip: ___________________________

Email Address: ___________________________

Phone: ___________________________ Fax: ___________________________

Signature: ___________________________ Date: ___________________________

(Parent or Legal Guardian)

CONSENT:
By signing above, I hereby, on my own behalf and that of the Participant above for whom I am legal guardian, acknowledge and assume the risks related to all activities in which Participant participates now or in the future at Joe Dumars' Fieldhouse (including the Bayou Adventure and the restaurant located therein, such activities being hereinafter referred to as the "Activities"). Further, I hereby agree to indemnify, defend and hold the JD Fieldhouse LLC, Fieldhouse LLC, Fieldhouse Restaurant LP, Investors Limited, any of their agents, employees or other affiliated entities harmless from against all forms of liability, claims or causes of action arising out of or in any way connected to the Activities.
WAIVER AND RELEASE OF LIABILITY
Part 1 of 2
“Michigan Bubble Ball Soccer”

In consideration of the risk of injury while participating in Michigan Bubble Ball Soccer and is considered for the right to participate in Michigan Bubble Ball Soccer. I hereby, myself my heirs, executors, administrators, assigned or personal representatives knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights claims or causes of action of any kind whatsoever arising out of (Location) 45300 Mound Rd, Shelby Charter Township, MI 48317 their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns for any physical or psychological injury including but not limited to illness, paralysis, death, damages, economical or emotional loss that I may suffer as a direct result of my participation in the Afro mentioned activity including traveling to and from an event related to this activity.

In the event of an emergency, please contact the following person(s) in the order presented.

<table>
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<tr>
<th>Emergency Contact</th>
<th>Contact Relationship</th>
<th>Contact Telephone</th>
</tr>
</thead>
</table>

Release and Waiver of Liability and Indemnity Agreement (Read Carefully Before Signing)
In consideration of being permitted to participate in any way in Michigan Bubble Ball Soccer indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:
1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below Michigan Bubble Ball Soccer event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that: (a) There are risks and dangers associated with participation in Michigan Bubble Ball Soccer events, and activities, which could result in bodily injury partial and/or total disability, paralysis, and death. (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe. (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below. (d) There may be other risks not known or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Michigan Bubble Ball Soccer facilities used by the participant, including its owners, managers, promoters, lessees of premises used to conduct Bubble Bump Soccer events or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions, to engage in risk evaluation or loss control activities regarding Michigan Bubble Ball Soccer facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as “Releasee”...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT (S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent or Guardian Signature: ______________________________________

Printed Name of Participant: ______________________________________ 

Adult Participant Signature: ______________________________________

Address of Participant: ______________________________________

Email: ______________________________________