



Oakland Mills High School PTSA

"A community united to support the pursuit of post-secondary education for every student."

AFTER-PROM EVENT 2018

Oakland Mills High School
9410 Kilimanjaro Road, Columbia MD 21045
Saturday, May 5th 11:00 PM - Sunday, May 6th at 3:00 AM

The **OMHS PTSA** is proud to sponsor the After-Prom Event for our 18th straight year! Juniors, Seniors and their guests are invited to attend this party **whether or not they attended the prom**. The OMHS PTSA After-Prom is the only free after-prom event in Howard County! This drug-and-alcohol-free event is made possible by the generous support of families like yours.

This year we are asking for a **\$20 voluntary donation**, but any amount will be gratefully appreciated. Please send your contribution in by Wednesday, April 25th. **Checks should be made payable to "OMHS PTSA" with AFTER PROM in the memo line. Please send in donations to the school with attention to PTSA - After Prom or Mail to:**
OMHS PTSA After Prom, 9410 Kilimanjaro Road, Columbia, MD 21045.

For the past several years, OMHS After-prom has been an enjoyable experience for those who attend. This is because with your support, we throw a great party!

- **"It is the After Prom or nothing"** is the message that we want parents to convey to their students. Please parents, no house parties, or private rentals. PTSA volunteers will call parents if a student does not arrive before 12:00 AM or if a student leaves before the event ends at 3:00 AM. **No student will be admitted after 12:00 AM.**
- **Prom Attendance Not Required.** All Juniors and Seniors are invited to attend the After-Prom Party and have a memorable night with their friends.

Your OMHS PTSA thanks you for your time and generosity. We can't do this without your support!

Sincerely,
The OMHS After Prom planning committee.



OMHS PTSA After-Prom RULES

1. All participants, including guests, must have the **OMHS PTSA Permission Slip/Liability Waiver form** signed by themselves and a parent/guardian **(Even if the student is over 18). Due: Wednesday, April 25, 2018.**
2. Turn the permission slips and donation/volunteer forms in to PTSA and OMHS in one of the following ways:

Mail to: OMHS PTSA After Prom 9410 Kilimanjaro Columbia, MD 21045	Bring to: OMHS Office Addressed to PTSA After Prom Committee	Give to: PTSA Volunteers during Prom ticket sales
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3. Confirmation emails will be sent to parents once permission slips have been received.
4. **Students must bring their school ID or driver's license** to enter the event. Volunteers will collect and hold ID's at check-in and return them when students leave.
5. Participants must exhibit appropriate behavior at all times.
No alcohol, drugs, smoking, illegal or unsafe behaviors.
Parent Volunteers will be checking purses/bags at check-in.
6. Student may bring a change of clothes we will have a coat check to check in their Prom attire.
7. **PARENTS/GUARDIANS:** Please note that you will be called if your child does not arrive by 12:00 AM or leaves before 3:00 AM. **There will be no exceptions.**
8. Students leaving before 3:00 AM will not be allowed to return.
9. If you need to reach your student in an emergency situation please call **XXX-xxx-xxxx**
10. All students will be expected to help clean up.
11. **Students must be picked up or leave promptly at 3:00 AM. Students will need to assist with the clean-up and/or stay in the front entrance.**

Prom Night Schedule		
Saturday	10:30 pm	Prom ends
	11:00 pm	After-Prom doors open
Sunday	12:00 am	After-Prom Doors close
	12:00-3:00 am	Parent Calls for kids who have not arrived or leave early
	2:30 am	Grand Prizes Awarded & Clean up starts
	3:00 am	After Prom Ends, Everyone out of the Building-No exceptions



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AFTER-PROM EVENT REQUESTS/VOLUNTEER SIGN-UP

The PTSA will need plenty of volunteers, food, and prizes to make this a fun night for our students.

Please sign up to volunteer at <http://signup.com/go/AYLtJAV>. or submit the Volunteer form below (a copy is also located on the OMHS website at <http://omhs-ptsa.weebly.com/after-prom-information.html>. In order to have a safe and well supervised after prom it is essential to have enough volunteers, please commit to helping.

Donations towards food and prizes are greatly appreciated a \$20 donation will help us offset our expenses. Please ask where you work if they have prizes to donate. We are also in need of gift cards, college swag. If you would like to donate prizes or your company will please email the committee at omhs.ptsa.events@gmail.com

Please consider sponsoring one or more items to help make this event a success!

- YES! We want to donate to the After-Prom Event! I have enclosed a check for \$_____
- YES! We have tickets, gift certificates or other prizes we would like to donate

Item(s): _____

AFTER-PROM EVENT VOLUNTEERS

Name: _____ Phone Number: _____

Email: _____

Please print

- YES! I would like to volunteer to help.
- I am available all night.
- I am available to help with preparations! Call me at _____.
- I am available from _____ to _____.

Volunteers are needed in the Gym (3), Bathrooms (2), Game Room, Coat Check (3), Kitchen (4), Check-in & out (6), Set-up (10), Clean-up (10). Exits (2), Hallways (7) **Email questions on volunteering to omhs.ptsa.events@gmail.com**



(Student name) _____ has permission from _____
 (Parent/guardian name) _____, to attend the OMHS PTSA-sponsored After – Prom Event to be held at Oakland Mills High School from **11:00 AM to 3:00 AM** on Saturday, May 5th, 2018.

My child is a Junior or Senior at Oakland Mills High School

My child IS NOT a Junior or Senior at Oakland Mills High School. S/he is being escorted to the Prom and the After – Prom Event

by

My child and I understand the rules and agree to follow them. A confirmation email of the receipt of this permission form by the OMHS PTSA will be sent by **May 1, 2018**.

Student Signature

Parent/Guardian Signature

Parent email

Telephone number where I can be reached during the After – Prom Event

_____ **I understand that I will receive a phone call from the After Prom party if my child does not arrive by 12:00 AM or if my child leaves before 3:00 AM.**

**OAKLAND MILLS HIGH SCHOOL PTSA AFTER – PROM
 EVENT ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that the Oakland Mills High School Parent Teacher Student Association (PTSA) After – Prom Event is an event that involves risks associated with activities that include, but are not limited to: basketball, dodgeball, volleyball. I hereby assume all the risks of participating and volunteering in this event. I understand that this is not a school – sponsored event.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the holders, sponsors, and organizers of the event and that it will govern my actions and responsibilities at the event including my travel to and from the event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) waive, release, and discharge the Oakland Mills High School PTSA, its directors, officers, volunteers, representatives, and agents, from any and all liability, loss cost, claim damage, and cause of action of any kind; and
- (B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all such liabilities or claims made as a result of participation in this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of an injury, accident or illness during this event. I acknowledge that the PTSA is not liable for medical expenses arising from participation in this event. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose. This accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its contents.

Print Student Name _____ Student Signature _____ Date _____

PARENT / GUARDIAN WAIVER

The undersigned parent or guardian does represent that he or she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from any and all liability, loss, cost, claim, damage and cause of action and release said parties on behalf of the minors and parents or legal guardian.

Print Parent / Guardian Name _____ Parent / Guardian Signature _____ Date _____



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Maryland State PTA
5 Central Avenue
Glen Burnie, MD 21061

PARENT'S APPROVAL AND STUDENT WAIVER AND PARTICIPANTS' WAIVER

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

1. _____
Participant Name Age, if minor child
2. _____
Participant Name Age, if minor child
3. _____
Participant Name Age, if minor child
4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the Maryland State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date
2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (incl area code)



Please return all signed forms to the OMHS office by Wednesday, April 25, 2018