

ATTENTION SENIORS.....

TIME TO REGISTER FOR THE ALL-KNIGHTER

What is the All-Knighter?

The All-Knighter is an FHN tradition celebrating the graduating Senior class. It is an alcohol, drug, and smoke free party organized and chaperoned by Senior Parents. The graduates are locked in for one last bonding experience before moving on to their future adventures.

The All-Knighter includes:

- Food and entertainment that will be provided throughout the evening
- Games and prizes
- Gift Bag for every student that attends
- Memories that will last a lifetime

DATE: June 1, 2024
TIME: 11:00 pm to 5:00 am
LOCATION: Kokomo Joe's
COST: \$125 - Due by April 12, 2024
All payments are non-refundable.

If needed, you can divide the cost into payments as long as paid in full by Friday, April 12th.
If you previously made payments and would like confirmation on your remaining balance - contact Dana Swope - tdswope@sbcglobal.net

RULES & REGULATIONS

You must be a Francis Howell North Senior and be registered (and paid in full) to attend.

All Seniors are to arrive at *Kokomo Joe's, 4105 N Cloverleaf Drive, St Peters MO 63376* on Saturday, June 1st between 11:00 pm - 11:30 pm. Students will begin being released at 5:00 am. For security purposes we have to account for every student registered.

Parents of students who *registered but have not checked in* will be contacted.

This is a smoke-free, alcohol-free, drug-free environment. If a student arrives at the All-Knighter under the influence of a controlled substance, he/she will be detained, parents will be contacted & the proper authorities will be notified.

All purses, gym bags, etc. will be checked and placed in the security room upon admittance. Items from inside the bag can be retrieved and returned to the security room throughout the evening.

Upon arrival, NO ONE will be allowed to leave without parental notification and a parent (showing identification) signing you out. Emergency situations only.

STUDENTS SHOULD DRESS COMFORTABLY. BE SURE TO WEAR SOCKS!
DO NOT BRING ANY CASH OR VALUABLES!!!

PARENTS: Please consider volunteering your time and talents to help make this a memorable experience for our kids. ***We CAN NOT provide this experience for our Seniors without parent volunteers.*** Join our planning meetings the second & fourth Tuesday of every month at 6:30 pm in Learning Commons.

Follow opportunities to help at: <https://francishowellnorth.wixsite.com/fhnallknighter>

Join our REMIND group: Send a text to 81010 with message: @allknig

ALL-KNIGHTER SENIOR REGISTRATION FORM

Class of 2024

Complete and return with payment to the Main Office

PLEASE PRINT

Student First Name

Student Last Name

Student ID #

SENIOR T-SHIRT SIZE (circle one): **Small** **Medium** **Large** **X-Large** **XX-Large**

Parent First Name

Parent Last Name

Phone #

Parent Email Address: _____

Drop off at the Main Office or Mail to: FHN High School, Attn: FHN All-Knighter,
2549 Hackmann Rd, St Charles MO 63303

Medical Treatment Release Form

Name(s) of Parent(s) or Guardian(s) that can be reached on the night of the All-Knighter in case of an emergency or parent pick up:

Name: _____ Name: _____

Phone: _____ Phone: _____

List of Medications taken on a regular basis: _____

List any existing medical problems or allergies: (asthma, seizures, disorders, diabetes, etc.):

Student's Doctor: _____ Phone: _____

I give my permission for my child, _____, to be given extra strength Tylenol for pain as needed and to be treated if needed for any emergency or urgent situation. The emergency response team (911) will be activated and my son/daughter will be transported to the nearest appropriate medical facility.

I have read & understand all the rules & regulations for the All-Knighter & agree to follow them.

Parent Signature: _____ Date: _____

Student's Signature: _____ Date: _____

The Kokomo Joe's waiver must also be signed and returned.

KOKOMO JOE's WAIVER

WARRANTY AND CONSENT ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT IN CONSIDERATION of allowing me to be on the premises and/or participate in any activities and events of Kokomo Joe's and its affiliates.

Accordingly, I warrant to Kokomo Joe's all of the following:

1. I acknowledge and understand that I will be voluntarily engaging in activities that involve trampolines, obstacles, and/or similar items, which may result in the risk of serious injury and other consequences including permanent disability and death.
2. I consider myself fully capable to participate in these activities.
3. I understand that all applicable rules for participation must be followed.
4. I understand that the sole responsibility for my personal safety remains with me at all times.
5. I will immediately remove myself from participation, and notify a staff member, if at any time I become aware of any unsafe condition or if I feel that I have experienced any deterioration in my fitness or another participant's fitness for continued participation in any activities.
6. I understand that Kokomo Joe's staff reserves the right to end my participation at any time without refund if applicable rules and regulations are not followed or if the safety of others is at risk.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, and personal representatives that my participation in these activities and execution of this document constitutes:

1. An unqualified ASSUMPTION OF ALL RISKS associated with participation in these activities by me even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the activity organizers and any persons associated therewith or participating therein, and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the activity organizer and all persons and organizations associated with it and the company including without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the activities, sanctioning bodies, medical or rescue personnel (the RELEASES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. An UNDERSTANDING NOT TO SUE the RELEASES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation in these activities by me, and
4. An AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASES or otherwise.
5. I understand that Kokomo Joe's or its affiliates may send me marketing emails from time to time, and that I can unsubscribe at any time.
6. I confirm that Kokomo Joe's will not be held responsible in the event of any complaint or legal action undertaken against myself as a result of consuming alcohol on the premises.
7. In the event Kokomo Joe's takes photographs or videos, I hereby assign full copyright of these photographs and videos to Kokomo Joe's (and the related representatives and assigns) together with the right of reproduction either wholly or in part. Furthermore, I grant that Kokomo Joe's the perpetual and irrevocable and unrestricted right to use and publish video and/or photographs of me, or where I may be included for editorial trade, product or service advertising and such other fashion /business purpose in any manner and medium, including advertising with any retouching or alteration without restriction or compensation
8. I HAVE READ AND UNDERSTOOD THIS DOCUMENT THOROUGHLY. I UNDERSTAND THAT THE RELEASES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ENTERING THE PREMISES AND/OR WHEN ACCEPTING MY PARTICIPATION IN THESE ACTIVITIES. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I WOULD OTHERWISE.

PARTICIPANT INFO (Required if 18 or older)

First Name _____ Last Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

SIGNATURE OF PARTICIPANT (if 18 years or older): _____

PARENT/GUARDIAN INFO (for guests under 18)

Signer First Name _____ Signer Last Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

CHILD 1: First Name: _____ Last Name: _____ DOB: _____

CHILD 2: First Name: _____ Last Name: _____ DOB: _____

CHILD 3: First Name: _____ Last Name: _____ DOB: _____

CHILD 4: First Name: _____ Last Name: _____ DOB: _____

SIGNATURE OF PARENT/GUARDIAN : _____