



***WE NEED ONE COPY OF THIS FORM
SIGNED BY THE GROUP LEADER AND
TURNED IN AT REGISTRATION***

Out All Night

Group Leader Responsibility Form

Group: _____

Group Leader: _____

Contact Number: _____

This form acknowledges that I, the Group Leader named above, am taking full responsibility for my group throughout the duration of Out All Night. This form releases Ground Zero and any staff and volunteers of any liability against personal losses of any student in this group. As the Group Leader, I understand there are inherent risks involved in any event and we release Ground Zero, GZ employees, participating agents and volunteers from any and all liability for any injury, loss or damage to person or property that may occur during the course of the event. In the event that someone in my group is injured and requires medical attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I acknowledge that the parent/guardian of each student in my group know where their child is tonight and has entrusted their child's safety to me. I further understand that our group will be transported by bus to all activities.

Further more, we expect you to implement the following guidelines with each member of your group:

- All students must arrive with their group
- No possession or use of alcohol, drugs, or tobacco
- No student can drive or ride in other transportation other than transportation provided during the event
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No offensive language
- Respect properties
- Respect all others
- Respect and comply with the event schedule, guidelines, and volunteers

Group Leader: _____

Date: _____