



HMS Student Council Haunted Hallway



Welcome to HMS Student Council's 5th Annual Halloween Haunted Hallway!!
Enjoy an evening of Halloween-themed fun with friends!!

For: HMS Students Only

When: Saturday, October 28, 2023

Time: 6:00 – 8:30 p.m.
(Doors Open At 5:45 p.m.)

Location: Highland Middle School
(Check-In Is In The HMS Plaza)

Cost: \$10.00 (Until October 25th)
(Tickets Will Be Sold During Lunch – October 18th, 19th, 23rd - 25th)
\$15.00 (At The Door)



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As participants, you will be able to go on tours through the Haunted Hallway, run a bounce house obstacle course, play dodgeball, enjoy a Halloween movie, and much more. We will also have a photo booth at an additional cost. And, our concession stand will also be available to purchase items from.

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By signing this form, you understand that there will be scary Halloween-themed personnel and props used throughout the Haunted Hallway. And, you understand that you are participating in events at your own risk.

As the parent/guardian of a participant, who will be attending the Highland Student Council Haunted Hallway, I hereby authorize, consent, and request the staff to provide a preliminary evaluation of an illness and/or any potential injury . . . if the situation presents itself. Should my child require hospital care, I also give permission for the hospital medical personnel to render necessary treatment.

In addition, I give consent for the HMS Student Council to take pictures and possibly video to display on social media and on school-associated websites.

Signatures indicate that both the participant and their parent/guardian understand that as a participant in the Halloween Hallway, all rules of appropriate behavior, as defined by Highland Middle School, will need to be followed at all times. Should a participant not act appropriately, they will be asked to leave.

Name of Participant (print): _____ **Grade/Team:** _____

Participant Signature: _____ **Date:** _____

Emergency Contact Name for Participant: _____ **Contact Phone:** _____

Participant Medical Conditions/Allergies: _____

Parent/Guardian Signature of Participant: _____ **Date:** _____