

PARENT'S (FAMILY) APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in all PTA sponsored
Name of Minor
events for the school year 201 7 to 201 8.

The undersigned parent or guardian assumes all risks in connection with the student's participation in any and all of the PTA sponsored activities. I (we) hereby release and discharge the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief said minor is in good mental and physical health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

If none please write none.

1. _____
Signature Date

Print Name (_____) Phone

Address City State Zip

2. _____
Signature Date

Print Name (_____) Phone

Address City State Zip