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**PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER**

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

**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 is it 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 California 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 (include Area code)



## PHOTOGRAPHY RELEASE

<p><b>Permission to use child's image, name and/or school.</b></p> <p>I, _____, (Print Parent/Guardian's Full Name) am the parent or guardian of:</p> <p>_____ (Print Name of Minor Child)</p> <p>_____ (Print Name of Child's School)</p>	<p><b>Permission to use adult image, name, organization name, and/or title.</b></p> <p>I, _____, (Print Full Name) am an adult 18 years of age or older.</p> <p>_____ (Print Title)</p> <p>_____ (Print School or Organization Name)</p>
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I hereby grant and assign the California State PTA, its units, councils, districts and legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images as indicated below:**

<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of my child.</b>	<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of myself.</b>
<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of my child with SCHOOL NAME.</b>	<input type="checkbox"/> <b>PHOTO / IMAGE <u>ONLY</u> of myself with SCHOOL NAME or ORGANIZATION.</b>
<input type="checkbox"/> <b>PHOTO / IMAGE of my child with my CHILD'S NAME, and my child's SCHOOL'S NAME.</b>	<input type="checkbox"/> <b>PHOTO / IMAGE of myself with my NAME, my ORGANIZATION, and/or my TITLE.</b>

**By signing this, I hereby release the California State PTA, its units, councils, districts and its legal representatives from all claims and liability relating to said photographs, video and digital images.**

Date: \_\_\_\_\_

Parent/Guardian/Adult Signature: \_\_\_\_\_

Print Name as Signed: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete and return to:

\_\_\_\_\_