

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 2024-2025 school year (including student, siblings and parents):

| event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure parentment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgidental 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 furnishing medical or dental services. It is further understood that the undersigned will assume full responsibiliany 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 "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indilisted 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 release of liability and signed it of my own free will. 1. Parent/Guardian Signature Print Name Date Parent/Guardian Signature Print Name Date | 1. | | | | |
|--|--|---|--|--|---|
| Participant Name Age, if minor child The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individual 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 sponsor activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with I 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 event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure preatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgidental 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 furnishing medical or dental services. It is further understood that the undersigned will assume full responsibiliany 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 "no yes, put first name of child and the allergy/condition.): I/we as parent(s) or guardian(s) of the minor had harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of a | | Participant Name | | Age, if min | or child |
| 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 individual 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 sponsor activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with I 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 event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure providental 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 furnishing medical or dental services. It is further understood that the undersigned will assume full responsibiliant surgeous deviates that the above named minor(s) has the following allergies, medicine reactions or unusual physician conditions, which should be made known to a treating physician: (If none, please write the word "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indilisted 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 release of liability and signed i | 2. | | | | |
| 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 individual 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 sponsor activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with I 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 event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure participate the properties of the parent/guardian, cannot be reached in an emergency, I hereby give permission to secure participate that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure participate that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure participate that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure participate that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure participate the supervision of the medical staff of the hospital or furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility and 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 "no 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 administrators, release and forever discharge and hold | | Participant Name | | Age, if min | or child |
| Participant Name Age, if minor child The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individual 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 sponsor activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with I 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 event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure preteatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgidental 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 furnishing medical or dental services. It is further understood that the undersigned will assume full responsibiliant surgeon activities 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 "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indilisted above in any PTA sponsored activities. By signing below, I confirm that I have c | 3. | | | | |
| Participant Name Age, if minor child The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individual 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 sponsor activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with I 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 event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure preatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgidental 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 furnishing medical or dental services. It is further understood that the undersigned will assume full responsibil 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 "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indilisted above in any PTA sponsored activities. By signing below, I confirm that I have | | Рапісірапі Name | | Age, it min | or child |
| The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individual 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 sponsor activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with I 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 event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure preatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgidental 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 furnishing medical or dental services. It is further understood that the undersigned will assume full responsibiliant 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 "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indicited above in any PTA sponsored activities. By signing below, I confirm that I have carefully read and fully understand i | 4. | Particinant Name | | Age if min | or child |
| activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with I 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 event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure presented in the property of the property of the property of the property of the thought of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or furnishing medical or dental services. It is further understood that the undersigned will assume full responsibilities 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 "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indilisted 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 release of liability and signed it of my own free will. Parent/Guardian Signature Print Name Date Date | | undersigned parent(s) or guardian | ` / | ks in connection with the | |
| event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure parentment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgidental 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 furnishing medical or dental services. It is further understood that the undersigned will assume full responsibiliany 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 "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indilisted 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 release of liability and signed it of my own free will. 1. Parent/Guardian Signature Print Name Date Parent/Guardian Signature Print Name Date | activ | rities. Further I acknowledge that i | t is my responsib | ility to understand any in | nherent risks associated with PTA |
| physical conditions, which should be made known to a treating physician: (If none, please write the word "no 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 administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indilisted 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 release of liability and signed it of my own free will. 1. Parent/Guardian Signature Print Name Date Print Name Date | even treati denta phys furni | t that I, or other parent/guardian, c ment for my child(ren). I/we do he al diagnosis or treatment and hospi ician, surgeon or dentist and perfor shing medical or dental services. I | annot be reached reby consent to vital care are consi rmed by or under t is further under | in an emergency, I here whatever x-ray, examinate dered necessary in the b the supervision of the n | by give permission to secure proper ion, anesthetic, medical, surgical or est judgment of the attending nedical staff of the hospital or facilit |
| I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and a officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from and all claims, demands, actions or causes of action which in any way arise from the participation of any indivised 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 release of liability and signed it of my own free will. 1. Parent/Guardian Signature Print Name Date Print Name Date | phys | sical conditions, which should be n | nade known to a | treating physician: (If no | ne, please write the word "none". I |
| 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 | adm offic and | inistrators, release and forever disc eers, directors, employees, agents a all claims, demands, actions or cau | charge and hold hand volunteers of action wh | narmless the California S the organizations, acting | tate PTA, the local PTA and all sofficially or otherwise, from any |
| Parent/Guardian Signature Print Name Date 2. Parent/Guardian Signature Print Name Date | • | | • | nd fully understand its c | ontents. I am aware that this is a |
| 2. Parent/Guardian Signature Print Name Date | 1. | | | | |
| Parent/Guardian Signature Print Name Date | | Parent/Guardian Signature | | Print Name | Date |
| | 2. | Parent/Guardian Signature | | Print Name | |
| Address City State Zip Phone (include Area code | | i di Shi Suarulan Signature | | THE NAME | Duit |
| | | Address City | State | Zip | Phone (include Area code) |



Scan the QR code with your smartphone to complete the form online.



2327 L Street, Sacramento, CA 95816-5014

916.440.1985 • FAX 916.440.1986 • info@capta.org • www.capta.org

PHOTOGRAPHY RELEASE

| Permission to use child's image, name and/or school. | Permission to use adult image, name, organization name, and/or title. | | | |
|---|---|--|--|--|
| Ι,, | Ι,, | | | |
| (Print Parent/Guardian's Full Name) | (Print Parent/Guardian's Full Name) | | | |
| am the parent or guardian of: | am an adult 18 years of age or older. | | | |
| | , (Print Title) | | | |
| (Print Name of Minor Child(ren) | (Print School or Organization Name) | | | |
| (Print Name of Child's School) | | | | |
| 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: □ PHOTO / IMAGE ONLY of my child. □ PHOTO / IMAGE ONLY of myself. | | | | |
| ☐ PHOTO / IMAGE <u>ONLY</u> of my child with SCHOOL NAME. | ☐ PHOTO / IMAGE <u>ONLY</u> of myself with SCHOOL NAME or ORGANIZATION. | | | |
| ☐ PHOTO / IMAGE of my child with my CHILD'S NAME, and my child's SCHOOL'S NAME. | ☐ PHOTO / IMAGE of myself with my NAME, my ORGANIZATION, and/or my TITLE. | | | |
| 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. | | | | |
| Parent/Guardian/Adult Signature: | Date: | | | |
| Print Name as Signed: | | | | |
| Address, City, Zip: | | | | |
| Talanhona: Email | | | | |