California State PTA
everychild. onevoice.

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

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

First & Last Name *all Family Members*: _____

_____

will participate in all PTA sponsored events for the school year 2018 to 2019, which will include, but is not limited to the following Culverdale Elementary PTA events:

1) Talent Show 2) Book Fair 3) Jog-A-Thon 4) Carnival

5) Open House 6) PE Programs 7) Carnival

(Please cross out any event listed above for which you do not want your child to participate in).

The undersigned parent or guardian assumes all risks in connection with the family's participation in any and all of the PTA sponsored activities. I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive 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 or to myself 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 parties are in good health and of sound mind. 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 attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

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.

_____ _____

Parent/Guardian/Participant Signature Date

_____ ( ) _____

Print First & Last Name Telephone

_____

Address City State Zip code