



# 2021-2022 LFES PTA Activities Waiver

## Parent Approval for Student and Family Participants

Family Name (one form per family) \_\_\_\_\_

Student Participant Names:	Teacher	Grade

\_\_\_\_\_ initial I (we) hereby advise that the above-named minor(s) have the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation.

List here (if none, please write "none"): \_\_\_\_\_

Other Participant Names:	Over 18
	Y/N
	Y/N
	Y/N
	Y/N
	Y/N

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, and 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

