

Family Participation Agreement & Waiver for PTA-Sponsored Events for 2017-2018

My child has my permission to participate in all PTA sponsored events for the 2017-18 school year.

As parent or guardian, I agree to accompany and supervise children in my care to help keep all students safe. I assume all risks in connection with my student's participation in any and all of the PTA-sponsored activities. I hereby release and discharge the Marshall Lane PTA and 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 knowledge and belief my child is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that as parent or guardian, I will assume full responsibility for any such action, including payment of costs.

I hereby certify that if my child has allergies, medicine reactions or physical condition which could potentially limit his/her participation, that I have provided this information via written statement to the PTA and understand that a parent/guardian must be present with my child at all PTA sponsored events that occur outside of school hours.

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|--------------------------|---------------------|
| (1) Name of Minor: _____ | Age of Minor: _____ |
| (2) Name of Minor: _____ | Age of Minor: _____ |
| (3) Name of Minor: _____ | Age of Minor: _____ |
| (4) Name of Minor: _____ | Age of Minor: _____ |

Parent / Caregiver Name: _____

Signature: _____ Date: _____

Please bring signed waiver to the after-school sales table or to the event.