PARENT'S APPROVAL AND STUDENT WAIVER

has my permission to participate

in all PTA sponsored events for the school year 2019 to 2020

The undersigned parent or guardian assumes all risks in connection with the student's participation in any and all of the PTA sponsored activities. I (we) hereby 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 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 minor 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 the undersigned will assume full responsibility for any such action, including payment of costs.

** 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)

Signature of Parent/Guardian	Date	
Print Name	Phone Number	
Address/City/State/Zip		
Holiday Pajama Party My child has my permission to partic on Friday December 6, 2019. I under 8:00 p.m. All Proctor Terrace School and no refund will be given.	stand that the event will begin a	t 5:00 p.m. and will end at
Parent Signature	Date	
Emergency Contact(s) (during the ev	ent)	
Name/Phone		
Please provide an email address to r	eceive a confirmation number:	