

## PARENT'S APPROVAL AND STUDENT WAIVER

\_\_\_\_\_ has my (our) permission to participate in  
Name of Minor \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
Event or Activity \_\_\_\_\_ Date \_\_\_\_\_  
at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Location \_\_\_\_\_ Beginning Time \_\_\_\_\_ Ending Time \_\_\_\_\_

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) \_\_\_\_\_  
Son, Daughter

myself, my (our) heirs, executors and administrators, remise, release and forever discharge

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Unit PTA Council PTA District PTA

and the California State PTA, and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify

the minor is my (our) \_\_\_\_\_ and that his/her date of birth is \_\_\_\_\_,  
Son, Daughter

and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In the case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood 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. (if none, please write the word "none".)

1. \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Adult:

\_\_\_\_\_  
Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_