

**Please fill out and return to your child's teacher.  
All students must have a waiver on file to participate in PTA events.**



## PARTICIPANT(S) WAIVER for PTA Sponsored Events



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

Student's Full Name	Gr	Teacher	Rm #

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

**I hereby advise that the below named minor has 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 the word "none". If yes, put first name of child and the allergy condition.)**

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

Email address (Please write in ALL CAPS) \_\_\_\_\_