

PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

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Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

I.					
Participant Na	ame			Age, if	minor child
2.					
Participant N	ame			Age, if	minor child
3					·
Participant N	ame			Age, if	minor child
4					
Participant N	ame			Age, if	minor child
The undersigned par listed above in any a			ks in connection with ties.	the participation of	all individuals
activities. Further I	acknowledge that	is it my responsi	ysically fit and able to bility to understand a to all individuals nan	any inherent risks a	
In the event that I, of secure proper treath medical, surgical of judgment of the attemedical staff of the undersigned will assured.	or other parent/guanent for my child(ror dental diagnosisending physician, hospital or facility ume full responsible.	ardian, cannot be en). I/we do here s or treatment ar surgeon or dent furnishing med bility for any suc	belief all individuals reached in an emerge by consent to whateven and hospital care are consist and performed by ical or dental services th action, including path	ency, I hereby give er x-ray, examination considered necessary or under the supe s. It is further under anyment of costs.	permission to on, anesthetic, ry in the best rvision of the estood that the
	which should be	made known to	a treating physician		
and administrators, in and all officers, do therwise, from any participation of any	elease and forever irectors, employed and all claims, d individuals listed confirm that I ha	r discharge and hes, agents and volemands, actions above in any PTA ve carefully read	eby, for my child/child told harmless the Calivolunteers of the orgor causes of action values and fully understative will.	ifornia State PTA, a ganizations, acting which in any way a s.	the local PTA officially or arise from the
		,			
1 Parent/Guard	dian Signature		Print N	ame	Date
2.					
Parent/Guardian Signature			Print N	ame	Date