

Each family **MUST** have a waiver on file in order to participate
in PTA events. Complete one form per family.
Please print clearly.

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

First and Last Name of all Family Members: _____

will participate in all PTA sponsored events for the school year 2017 to 2018, which will
include, but is not limited to the following:

(1) Bobcat Walk (2) Running Club (3) Abilities Awareness (4) Walk to School (5) Ice Cream Social

* For a complete list of all PTA sponsored events, please check the Blue Hills PTA website
<http://www.bluehillspta.org/>

(Please cross out any event listed above in which you do not want your child to participate in).

The undersigned parent or guardian assumes all risks in connection with the family's participation in any and
all of the PTA sponsored activities. I, the undersigned participant, intending to be legally bound, do hereby
for myself and heirs, executors, administrators and assigns, forever waive 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 or to myself 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 parties are in good health and of
sound mind. 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 attest and verify that I am physically fit and able to participate in
this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

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.

Parent/Guardian/Participant Signature

Date

Print Name

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Telephone

Address

City

State

Zip code