

(916) 440-1985 • FAX (916) 440-1986 • E-mail info@capta.org • www.capta.org

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

First & Last Name all Family Members:				
will participate in all PTA spons include, but is not limited to the	sored events for the following (PTA U	school year 2017 to 20 nit: Please list the ever	018, which will nts):	
1)	2)	3)		
4)	5)	6)		
(Please cross out any event listed	d above for which y	you do not want your c	hild to participate in).	
The undersigned parent or guard participation in any and all of the intending to be legally bound, do assigns, forever waive release ar employees and agents from all li- student, the student's property, of in these activities, unless caused	e PTA sponsored at the hereby for myself and discharge the Ca diability, claims or do for parent's property	ctivities. I, the undersign and heirs, executors, a lifornia State PTA, all emands for any damag or to myself in connection.	gned participant, administrators and PTA officers, e, loss or injury to the	
I do hereby certify that to the best health and of sound mind. In cast treatment to be administered. It assume full responsibility for any that I am physically fit and ables the inherent risks in participating I (we) hereby advise that the about	se of illness or acci is further understoo y such action, inclu to participate in this g in any athletic eve	dent, permission is gra od and agreed that the uding payment of costs. s event and acknowled ent.	nted for emergency undersigned will I attest and verify ge that I am aware of	
reactions or unusual physical conwhich could limit participation:				
If none please write none.				
Parent/Guardian/Participant Signature		Date	*	
Print First & Last Name		( ) Telephone		
Address	City	State	Zip code	



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I (we) hereby advise that the aboreactions or unusual physical co which could limit participation:	ove named minor has ndition which should	s had the following alled the made known to a to	ergies, medicine treating physician or
If none please write none.			
Parent/Guardian/Participant Signature	)	Date	•
Print First & Last Name		Telephone	
Address	City	State	Zip code