Maryland State PTA
5 Central Avenue
Glen Burnie, MD 21061

PARENT'S APPROVAL AND STUDENT WAIVER AND PARTICIPANTS WAIVER

Name all Family Members:_____

_____ will participate in all PTA sponsored events for the school year 2018-2019

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 my self and heirs, executors, administrators and assigns, forever waive release and discharge the Maryland 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. 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 orunusual physical condition which should be made known to a treating physician or which could limit participation:

_____

If none please write none.

1. _____ _____
Parent/Guardian/Participant Signature Date

_____ (____)_____
Print Name Telephone

_____