

## PARENT'S APPROVAL AND STUDENT WAIVER

\_\_\_\_\_ has my (our) permission to participate in all PTA sponsored  
Name of Minor  
events for the school year 201 to 201 .

The undersigned parent or guardian agrees to, certifies and acknowledges the following:

- Parent or Guardian assumes all risks in connection with the student's participation in any and all Maryland PTA sponsored activities.
- The Maryland State PTA, all PTA officers, employees and agents are released and discharged from all liability for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities, unless caused by the negligence of the PTA.
- The above-named minor is in good health. In the event 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 all costs associated with such emergency treatment.
- The above-named minor has the following allergies, medicinal reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

\_\_\_\_\_  
If none please write "none"

1. \_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Address City Phone

2. \_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Address City Phone

Please check one:

\_\_\_\_\_ I am a member of the senior class.

\_\_\_\_\_ I am the guest of a member of the senior class.

Senior's Name: \_\_\_\_\_