

MARYLAND STATE PTA
5 Central Avenue, Glen Burnie, MD 21061-3441

PARTICIPANT'S WAIVER

In the consideration of the acceptance of my entry in the

Name of PTA Unit City

Date of Event _____ Name of Event _____

_____ I the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the Maryland PTA including all units and councils, and all of their officers, directors, members and volunteers.

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 an athletic event of this type.

Signature Date

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: _____