



PARENT APPROVAL and STUDENT, FAMILY, AND PARTICIPANTS WAIVER

Name all WCA Students (**with teacher names**), as well as family members/participants in PTA-sponsored events:

_____ will participate in all
PTA-sponsored events for the **2018-19 school year**, which will include, but is not limited to the following:

Talent Show	Fun Run	Fall Festival
In-School Assemblies	Dances	Field Day

(Please cross out those events in which you do not want your child(ren) to participate.)

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 California State PTA, its units, councils, districts, and its legal representatives 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 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 the students and participants listed on this form are physically fit and able to participate in PTA events, and acknowledge that I am aware of the inherent risks in participating in any athletic event.

I 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 more than one minor is listed above, please specify to whom the following refers):*

(If none, please write none.)

Parent/Guardian/Participant Signature

Date

Print Name

Telephone

Address

City

State

Zip code

**** Please also complete the Photo/Video Release on the reverse side. ****