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

Name all Family Members:			
will participate in all PTA spons limited to the following (Please		ool year 2016 to 2017,	which will include, but is not
1)	•	3)	
4)			
(Please cross out any of the even	ts listed above for whi	ch you do not want you	r child to participate)
The undersigned parent or guard and all of the PTA sponsored act		connection with the fa	amily's participation in any
I, the undersigned participant, in administrators and assigns, forevemployees and agents from all listudent's property, or parent's prunless caused by the negligence. I do hereby certify that to the besound mind. In case of illness or administered. It is further under	yer waive release and dability, claims or dema coperty or to myself in of the PTA.  st of my (our) knowled raccident, permission	ischarge the California ands for any damage, lo connection with partici ge and belief said partic is granted for emergence	State PTA, all PTA officers, ess or injury to the student, the pation in these activities, es are in good health and of ey treatment to be
any such action, including paym			a
I attest and verify that I am phys aware of the inherent risks in par	-	-	nd acknowledge that I am
I (we) hereby advise that the abounusual physical condition which participation:			
If none please write none.			
Parent/Guardian/Participant Signature		Date	
Print Name	()	Геlернопе	
Address	City	State	Zip code