



Parent Permission & Student, Family & Participant Waiver 2021-22



Print the name of all family members who may participate in any PTA sponsored events for the 2021-22 school year (including student, siblings & parents):

1. _____
Participant Name Teacher (if SME student)
2. _____
Participant Name Teacher (if SME student)
3. _____
Participant Name Teacher (if SME student)
4. _____
Participant Name Teacher (if SME student)
5. _____
Participant Name Teacher (if SME student)
6. _____
Participant Name Teacher (if SME student)

The undersigned parent(s)/guardian(s) assume(s) all risks in connection with the participation of all individuals listed above in any and all SME PTA sponsored activities.

I attest and verify that all individuals listed above are able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief that all individuals named above are in good health. In the event that I, or the other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my children in accordance with PUSD policies and procedures, including that the undersigned will assume full responsibility for any such treatment, including payment of costs.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents and hereby give permission to the PTA to use my contact information below for official PTA purposes. I am aware that this is a release of liability and signed it of my own freewill.

1. _____

Parent/Guardian Signature	Printed Name	Date	Email Address
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Address	City	State	Zip	Phone Number
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2. _____



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Parent/Guardian Signature

Printed Name

Date

Email Address

Address

City

State

Zip

Phone Number