

## PTA 2023-2024 PARTICIPANT WAIVER

Print the name of all family members who may participate in any Bollinger Canyon PTA Sponsored events for the 2022-2023 school year (Including students, siblings and parents/guardians):

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I/we hereby advise that the above named minor(s) has the allergies listed below, medicine reactions or unusual physical conditions, which should be made known to a treating physician. (If none, please write the word "none." If yes, please print the first name of the child and the allergy/condition.)

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PTA Events include, but not limited to: Bike Rodeos, Multicultural Events, Family Game Nights, Science Nights, Book Fair Events, Breakfast Book Club, Run Club, Talent Show, Street Smart Events, Sister School Activities, Donuts for Loved Ones Social, Math Nights, Kids Night Outs/Movie Nights.

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

I attest and verify that all individuals listed above are physically fit and 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 all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, 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 organization, 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 any PTA sponsored activities.

By checking this box, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)