

Parent's Approval and Student Waiver

_____, _____, _____
(Name of Minor) (Name of Minor) (Name of Minor)
Has my (our) permission to participate in all PTA events for the school year
2008-2009.

The undersigned parent or guardian agrees to, certifies and acknowledges the following:

- Complete assumption of all risks in connection with the student's participation in any and all Holland Hill PTA sponsored activities.
- The Holland Hill PTA, all PTA officers, employees and agents are released and discharged from all liability for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities, unless caused by the negligence of the PTA.
- I (we) do hereby certify that to the best of my (our) knowledge and belief said minor (s) is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of cost.
- I (we) hereby advise that the above named minor(s) has had the following allergies, medicine reactions or unusual physical condition which should be made known to the treating physician or which could limit participation.
(use additional sheet if needed, please clarify for each minor)

If none, please write the word "none"

1. _____
Signature Print Name

Address City Phone

2. _____
Signature Print Name

Address City Phone

Please return to the PTA BOX in an envelope marked "Wavier" by Fri. September 5th