

# WAIVER FORM



**\*\*KEEP THIS AND TURN IN (COMPLETED) AT THE RINK!\*\*\*\***

## FOR ADULT SKATERS

### Participant's Waiver Form

California State PTA

930 Georgia Street, Los Angeles, CA 90015-1322

In the consideration of my participation in the Nixon PTA, Palo Alto, CA Ice Skating Party on December 14, 2018, I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the California State PTA, including all units, councils and districts and all of their officers, directors, members and volunteers.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an event of this type.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

.....  
**FOR CHILDREN SKATERS**

### Parent Approval and Student Waiver Form

The minor(s) listed below has/(have) my permission to participate in the Nixon Ice Skating Party on December 14, 2018, at the Winter Lodge in Palo Alto, from 5:30 – 7:30 p.m.

I, as parent or guardian of the minor(s), do hereby, for my child(ren), myself, my heirs, executors and administrators, remise, release, and forever discharge Nixon PTA, Palo Alto Council of PTA's, 6<sup>th</sup> District, and the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), and all PTA officers, employees and agents of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred.

I hereby certify my relation to the minors listed, and their dates of birth, and I do hereby certify that to the best of my knowledge and belief said minor(s) is/(are) 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 costs. I hereby advise whether the minor(s) listed below has/(have) had any allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician.

Name of Minor (First/Last)	Relation	Date of Birth	Grade	Note for emergency treatment*
_____				
_____				
_____				
_____				

\*Write down any allergies to medication or physical conditions that should be known to a treating physician.

If none, write "None" \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number