

PARENT'S APPROVAL AND STUDENT WAIVER

_____ Has my (our) permission to participate in
Name of Minor

**ALL INA E. DRISCOLL SCHOOL PTA SPONSORED EVENTS
DURING THE 2008-2009 SCHOOL YEAR.**

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 Connecticut PTA sponsored activities.
- The Connecticut State 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 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 costs.
- I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation.

If none, please write the word "none".

1. _____
Signature Print Name

Address City Phone

2. _____
Signature Print Name

Address City Phone