

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in the El Carmelo Ice Skating Party on Friday, October 20, 2017 at Winter Lodge from 5:30-7:30pm. I (we) as parent(s) or guardian(s) of the minor do hereby, for my (our) son or daughter _____, myself, my (our) heirs, executors and administrators, remise, release and forever discharge PTA Unit 8475/1035CA, Palo Alto Council, 6th PTA District and the California State PTA, and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions, or causes of action on account of referred. I hereby certify the minor is my (our) son or daughter _____ and that his/her date of birth is _____, and 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 administrated. 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. (If none, please write the word "none").

1. Signature _____ Print Name _____

Address _____

City _____ Phone _____

2. Signature _____ Print Name _____

Address _____

City _____ Phone _____

Alternative Adult

Signature _____ Print Name _____

Address _____

City _____ Phone _____