

California State PTA
Inderkum High School PTSA
2327 L Street
Sacramento, CA 95816-5014

PARENT'S APPROVAL AND STUDENT WAIVER

Name of Student: _____
will participate in Parent Teacher Student Association (PTSA) Safe and Sober Grad Night (SSGN) on May 26, and May 27, 2022 from 11:00pm – 5:00am an Inderkum High School PTSA sponsored event for school year 2021/2022. SSGN will be held at Dave & Busters, 1174 Roseville Parkway, Roseville, CA 95678.

All participants will need to ride the bus provided by Inderkum PTSA.

The undersigned parent or guardian assumes all risks in connection with the family's participation in SSGN and all of the PTSA sponsored activities.

I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive release and discharge the California State - Inderkum High School PTSA, all Inderkum High School PTSA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property or to myself in connection with participation in these activities, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief said parties are in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

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 any athletic event.

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 none.

Parent/Guardian Signature

Date

Print Name

(____)_____
Telephone

Student Signature

Date

Print Name

(____)_____
Telephone

Address

City

State

Zip code