

# SPRINGER SCHOOL WALKATHON WAIVER 2008

2008

**CALIFORNIA STATE PTA**  
930 Georgia Street, Los Angeles, CA 90015-1322

## **PARENT'S APPROVAL AND STUDENT WAIVER**

\_\_\_\_\_ has my (our) permission to participate in  
Name of Minor

**SPRINGER WALKATHON** \_\_\_\_\_ on October 11, 2008  
Event or Activity Date

at Springer School \_\_\_\_\_ from 10:00 to 3:00  
Location Beginning Time Ending Time

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) \_\_\_\_\_,  
Son, Daughter

myself, my (our) heirs, executors and administrators, remise, release and forever discharge

Springer School PTA, \_\_\_\_\_ Los Altos Mountain View PTA \_\_\_\_\_, 6<sup>TH</sup> District PTA  
Unit PTA Council PTA District PTA

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) \_\_\_\_\_ and that his/her date of birth is \_\_\_\_\_,  
Son, Daughter

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 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. (If none, please write the word "none.")

1. \_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Address City Phone

2. \_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Address City Phone

Alternate Adult:

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

\_\_\_\_\_  
Address City Phone

2007

# PARTICIPANT'S WAIVER

In the consideration of the acceptance of my entry in the

Springer School PTA  
Name of PTA Unit

Mountain View, CA  
City

Walkathon, 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 and 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 unit, council and district PTAs 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 athletic event of this type.

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Signature

Date

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Print Name

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Address

City

Phone