California State PTA
everychild.onevoice.
2327 L Street, Sacramento, CA 95816-5014 (916) 440-1985 • FAX (916) 440-1986 • E-mail info@capta.org • www.capta.org

PARTICIPANT'S WAIVER

In the consideration of the acceptance of my entry in the

Orange Elementary School
Name of PTA Unit City

Date of Event 2/10/2012 Name of Event Father/Daughter Sweetheart Dance

_____, 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.

Signature _____ Date _____

Print Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

2009