

McKenzie PTA
Parental Approval & Student Waiver – Open Gym Night

Child(ren)'s Name(s): _____

Address: _____

City, Street, Zip: _____

Phone: _____

Date(s) of Birth: _____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in participating you or your minor child/ward will be waiving and releasing all claims for injuries that you and your minor child/ward might sustain arising out of the participation in this program. All children participating in this event must have this waiver signed by an adult/guardian 21 years or older.

I (We) as parent(s) or guardian(s) of the minor(s), do hereby, for my (our) son(s)/daughter(s), Myself, our heirs, executors, and administrators, remise, release, and forever discharge the McKenzie PTA, the Illinois PTA, officers, employees, and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred.

My child(ren) has(have) permission to participate in the Open Gym Night(s) event(s) on 01/17/18, 01/31/18 and 02/07/18 at McKenzie Elementary School.

PERMISSION TO SECURE TREATMENT

And I (we) do hereby certify that to the best of my (our) knowledge and belief that said minor is in good health. In case of illness or accident, permission is granted for emergency treatments 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, reaction or unusual physical condition that should be made known to a treating physician. (If none, please write the word "none.")

I have read and fully understand the Waiver and Release of all Claims and Permission to Secure Treatment Waiver.

Parent / Guardian Signature

Print Name

Date

Street Address

Alternate Adult Contact in Case of Emergency: Name and Phone Number