

JWPMS PTSA

Accident Waiver and Release of Liability Form

I acknowledge that this Accident Waiver and Release of Liability Form will be used by PTSA, sponsors of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my being permitted to participate, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) Waive, Release Discharge from any and all liability which may hereafter occur to me, including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS – James W. Parker Middle School PTSA; their directors, officers, volunteers, representatives, and agents, the event holders, the event sponsors, event volunteers;
- (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand it's content.

Print Participant's Name

Age

Signature of Parent/Guardian

Date

****REQUIRED**** phone number _____ where I can be reached during the hours of the event

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PARENT/GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent/guardian does hereby represent that he/she is, in fact acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and parents or legal guardian.

Print Participant's Name

Age

Signature of Parent /Guardian

Date

Please complete this section if someone will pick up your son/daughter other than a parent/guardian

I give my son/daughter permission to leave the PTSA event with _____

My child will leave at the end of the event **or** be picked up at an earlier time _____