



# Mount Hebron High School PTSA

## Parent's Approval and Student Waiver

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

\_\_\_\_\_ on \_\_\_\_\_  
 \_\_\_\_\_  
 (Event or activity) (Date)

at \_\_\_\_\_  
 \_\_\_\_\_  
 (Location)

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 the Mt. Hebron High School PTSA, the Maryland PTA, and all 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) (Date)

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. \_\_\_\_\_  
 Parent/Guardian Signature Print Name

Address City Phone

2. \_\_\_\_\_  
 Parent/Guardian Signature Print Name

Address City Phone

3. Alternate Adult Contact:

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

Address City Phone