Maryland State PTA

Parent/Guardian Approval and Student Waiver

	(name of minor) has my (our)
permission to participate in the PHS PTSA	A sponsored Post Prom on May 15th, 2021.
The undersigned parent or guardian assume participation in this event. I, the undersigned do hereby for myself and heirs, executors, a waive, and discharge the Maryland State PT volunteers from all liability, claims or demar student, the student's property, or parent's participation in these activities, unless caused	participant, intending to be legally bound, administrators and assigns, forever release, A, all PTA officers, employees, agents and nds for any damage, loss or injury to the property or to myself in connection with
I do hereby certify that to the best of my (or good mental health and physical health. In comergency treatment to be administered. It undersigned will assume full responsibility for costs.	ase of accident, permission is granted for is further understood and agreed that the
I attest and verify that I am mentally and phy event.	sically fit and able to participate in this
If applicable: 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 or which could limit participation:	
Parent/Guardian Signature	Print Name
Participant Signature	Print Name
Name and Phone Number of Emergency Contact for Post Prom	