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Parent's Approval and Participants' Waiver

Print the name of all family members who may participate in this PTA/PTSA sponsored Color Run event on March 25, 2017 (Snow Date of April 23,2017) including student, siblings and parents:

1. _____
Participant Name Age, if minor child
2. _____
Participant Name Age, if minor child
3. _____
Participant Name Age, if minor child
4. _____
Participant Name Age, if minor child
5. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in this PTA/PTSA sponsored activity.

I attest and verify that all individuals listed above are physically fit and able to participate in this PTA/PTSA sponsored activity. Further I acknowledge that is it my responsibility to understand the inherent risks associated with this PTA/PTSA sponsored activity and communicate those risks to all individuals named above.

Color Run-inherent warnings:

Participants in this activity will be exposed to color that will stain and/or transfer. Clothing worn including shirts, bottoms, shoes, socks, etc. will be stained. People with very light colored or highlighted hair are advised to wear a hat or bandana or lightly oil their hair with coconut oil, olive oil or leave-in conditioner prior to being exposed to the color. Color may transfer to automobile upholstery. A change of clothes or towel is advised for the ride home. The event features water-based color sprayers. Participants will get a little wet. Participants who are concerned at all with the color powder getting near the eyes, nose and mouth should wear glasses or goggles, bandanas or dust masks, sweatbands, etc.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. 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(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the Maryland State PTA, Perry Hall Middle School PTSA, and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in this PTA /PTSA sponsored activity.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date
 2. _____
Parent/Guardian Signature Print Name Date
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- Address City, State Zip Phone (inc. area code)