

adults agreement and waiver

NEW YORK STATE PTA®
 One Wembley Court, Albany, NY 12205-3830
 1-518-452-8808 • Toll Free 1-877-569-7782 • 1-518-452-8105 (Fax)

_____ agrees to participate in
 {Name}
 _____ on _____
 {Event or Activity} {Date}
 at _____ from _____ to _____
 {Location} {Beginning Time} {Ending Time}

I do, hereby, for myself, my heirs, executors and administrators, remise, release and forever discharge

_____ {PTA Unit} _____ {PTA Council} _____ {PTA region}

and the New York State Congress of Parents, and Teachers Inc., and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes or action on account of referred. I do hereby certify that to the best of my knowledge and belief said adult named 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 hereby advise that the above named adult has had all 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. _____

2. _____

Signature: _____