

MOUNT VIEW MIDDLE SCHOOL PTA

Marriottsville, MD 21104

PARENT’S APPROVAL AND STUDENT WAIVER

_____ in grade ____ has my (our) permission to participate in the PTA

Name of Minor

sponsored after school **Spelling Bee Information Meeting on Tuesday, December 8th from 2:30-3:15 p.m.** in Portable #2 **and** for the **Spelling Bee on Wednesday, January 13, 2016** in the cafeteria. The Spelling Bee will run from **2:30 – 3:30 p.m.** **Please note: End time could exceed 3:30 p.m.**

The undersigned parent or guardian agrees to, certifies and acknowledges the following:

- Parent and Guardian assume all risks in connection with student’s participation in any and all Maryland PTA sponsored activities.
- The Maryland State PTA, all PTA officers, employees and agents released and discharged from all liability for any damage, loss, or injury to the student, the student’s property, or parent’s property in connection with participation in these activities, unless caused by the negligence of the PTA.
- The above-named minor is in good health. In the event of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for such action, including all costs associated with such emergency treatment.
- The above-named minor has the following allergies, medical reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

If none please write “none”

Signature

Print Name

Address

City

Phone