

Jacksonville Elementary School Parent Teacher Association, Inc.

2021-2022 Participation Waiver for Students, Parents/Guardians, and Volunteers

Dear JES families,

Each year we request that a waiver be completed for all of our students, family members and volunteers who may participate in any JES PTA activities and events throughout the year, which assists us meeting our insurance company's recommendation. Having one form at the beginning of the year makes it easier for families, rather than having multiple forms throughout the year. We appreciate your help and please let us know if you have any questions.

Thank you!

Kristal Schuch – president@jespta.org

Parent/Guardian Approval for Students and other Minor Children:

The following minor children have my (our) permission to participate in any JES PTA activities and events on August 30, 2021 through June 30, 2022, that are sponsored by Jacksonville Elementary School PTA, Inc. at 3400 Hillendale Heights Rd., Phoenix, MD 21131.

I (we), as parent(s) or guardian(s) of the minor(s), do hereby for my (our) child(ren), myself, my (our) heirs, executors and administrators, remise, release, and forever discharge Jacksonville Elementary School PTA, Inc. and the Free State PTA Corp., and all Jacksonville Elementary School PTA, Inc. 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 following minor(s) is (are) my child(ren) and that his/her date of birth is as listed.

Name of minor: _____ Date of birth: _____

Name of minor: _____ Date of birth: _____

Name of minor: _____ Date of birth: _____

Name of minor: _____ Date of birth: _____

Name of minor: _____ Date of birth: _____

And I (we) do hereby certify that to the best of my (our) knowledge and belief said minor(s) is (are) 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(s) has (have) 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.")

By attending any events held by Jacksonville Elementary School PTA, Inc., I agree to the following:

- I recognize that participation in these events creates a possible exposure to and illness from communicable diseases, including but not limited to, influenza or COVID-19.
- I knowingly assume all risks associated with the contraction of any such disease, even in the case it arises from the negligence of others.

- My choice to participate or to have my minor child(ren) participate in any events held by Jacksonville Elementary School PTA, Inc. means that I assume all responsibility associated with the contraction of a communicable disease.

- I understand that Jacksonville Elementary School PTA, Inc. is not liable for the contraction of any communicable disease or the follow up care, and I / my family members (if applicable) are participating at our own risk and discretion.

1. _____
Parent/Guardian Signature Parent/Guardian Print Name

Address Phone

2. _____
Parent/Guardian Signature Parent/Guardian Print Name

Address Phone

For Volunteers and Participating Parents/Guardians:

In the consideration of the acceptance of my entry into any JES PTA activities and events on August 30, 2021, through June 30, 2022, that are sponsored by Jacksonville Elementary School PTA, Inc., I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any and all right, claims and actions for damages that I may have, or that may hereafter accrue to me against the Free State PTA Corp., including all unit, council and district organizations and all of their officers, directors, members and volunteers.

I attest and verify that I am physically fit and able to participate in these activities and events and acknowledge that I am aware of the inherent risks in participating in these activities and events.

By attending any events held by Jacksonville Elementary School PTA, Inc., I agree to the following:

- I recognize that participation in these events creates a possible exposure to and illness from communicable diseases, including but not limited to, influenza or COVID-19.

- I knowingly assume all risks associated with the contraction of any such disease, even in the case it arises from the negligence of others.

- My choice to participate in any events held by Jacksonville Elementary School PTA, Inc. means that I assume all responsibility associated with the contraction of a communicable disease.

- I understand that Jacksonville Elementary School PTA, Inc. is not liable for the contraction of any communicable disease or the follow up care, and I / my family members (if applicable) are participating at our own risk and discretion.

Signature _____ Date _____

Print Name _____

Address _____ Phone _____