

Bella Vista High School



everychild. one voice.®

8301 Madison Avenue, Fair Oaks, CA 95628

PARENT'S APPROVAL AND WAIVER OF LIABILITY

_____ (print student's name) has my (our) permission to participate in the Bella Vista High School PTSA-sponsored Grad Nite Disneyland trip.

I (we) assume all risks in connection with the student's participation in any and all PTSA sponsored activities, including the Grad Nite Disneyland trip. I (we) hereby release and discharge the Bella Vista High School PTSA and its board members, the Grad Nite Committee and its members, the California State PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with these activities, including damage, loss or injury caused by negligence.

I (we) certify that to the best of my (our) knowledge and belief the student is in good health. In case 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 any such action, including payment of costs. The student has the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation (if none please write none):

***Even if student will be 18 years of age both parent and student must sign**

1. _____
*Parent's Signature Date

_____ (_____) _____
Print Name Phone

2. _____
*Parent's Signature Date

_____ (_____) _____
Print Name Phone

3. _____
*Student's Signature Date

_____ (_____) _____
Print Name Phone