

**PARENT'S APPROVAL AND STUDENT WAIVER
AND PARTICIPANTS' WAIVER**

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (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

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

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

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, the local PTA 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 any PTA sponsored activities.

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

Address City State Zip Phone (incl area code)

Chester Skateland

Assumption of Risk and Complete Release

Name: _____

Street Address: _____ City, State, Zip: _____

In considerations of permission to use, today and on on all future dates, the property, facilities and services (Facilities) of this rink, I, the undersigned (skater), hereby expressly agree:

1. THAT roller skating is a participation sport and I am fully aware of the risks and hazards involved in or arising from my use or presence upon the facilities. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM MY USE OF OR PRESENCE UPON THE FACILITIES, including without limitation, the risks of bodily injury, resulting from collision between, myself and another person, or a stationary object or negligent or deliberate act of another person;
2. TO RELEASE THIS RINK and all of its SuccesSors, assigns, affiliates, officers, directors, employees, and agents from, and agrees not to sue any or all of them on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses, arising out of presence upon the facilities, or use of this rink's skates or equipment, including but not limiting to those claims for bodily injury, whether or not caused by the negligence or other fault of this rink, or skates or other equipment supplied by this rink;
3. THIS RELEASE shall be binding upon my heirs, administrators, executors, assigns and legal representatives.
4. TO WAIVE the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is provide that general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
5. IF I IGNORE THIS AGREEMENT AND FILE SUIT, I WILL BE HELD RESPONSIBLE FOR ALL ATTORNEY FEES AND COURT COSTS INCURRED BY THIS RINK.
6. I HAVE READ AND UNDERSTAND THIS AGREEMENT, I UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT I SURRENDER VALUABLE RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE.

SKATE ABILITY LEVEL: BEGINNER INTERMEDIATE ADVANCED

HEALTH INSURANCE: YES NO

DATE

X _____