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ADULT PARTICIPANT’S WAIVER

In the consideration of the acceptance of my entry in the

LFCSA PTA	Los Angeles
Name of PTA Unit	City
Date of Event <u>9/23/16</u>	Name of Event <u>Movie Night</u>

_____, 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 rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the California State PTA, including all unit, council and district PTAs and all of their officers, directors, members and volunteers.

I attest and verify that I am mentally & physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an athletic event of this type.

Signature _____	Date _____
Print Name _____	Phone (_____) _____
Address _____	City _____ State _____ Zip _____