CALIFORNIA STATE PTA
VOLUNTEER WAIVER FORM

I, _____ will be participating as a volunteer during **MCHS Grad Nite on June , 2012** at **MCAS Miramar Officer's Club** from **9:00pm to 4:30am**

(name of volunteer; Activity or Event; Location; Time)

I do hereby for myself, my heirs, executors, and administrators, remise, release and forever discharge the following organizations: **MCHS PTSA** (PTA Unit), **Palomar Council PTA** (PTA Council), **Ninth District PTA** (PTA District) and the California State PTA, and all PTA 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 that I am, to the best of my knowledge and belief, 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 hereby advise that I 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.")*_____

Signature:_____ Print Name:_____

Address:_____ City: _____ Phone:_____

Emergency Contact: _____

Print Name Relationship:_____

Address:_____City:_____ Phone:_____

Cell Phone:_____

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