

**BURR ELEMENTARY SCHOOL PTA  
PARENT/GUARDIAN APPROVAL AND STUDENTS' WAIVER  
2019-2020**

**Children Attending Burr**

<b>Name of Minor</b>	<b>Date of Birth</b>
<b>Name of Minor</b>	<b>Date of Birth</b>
<b>Name of Minor</b>	<b>Date of Birth</b>

**Children Not Attending Burr may participate in Burr PTA events (such as Ice Cream Social, Halloween Spooktacular, Family Picnic)**

<b>Name of Minor</b>	<b>Date of Birth</b>
<b>Name of Minor</b>	<b>Date of Birth</b>
<b>Name of Minor</b>	<b>Date of Birth</b>

has (have) my permission to participate in all Burr Elementary School PTA-sponsored events for the school year 2019-2020. I, as parent or guardian of the minor(s) listed above, do hereby, for my \_\_\_\_\_ (son, daughter, children), myself, my heirs, executors and administrators, voluntarily release, forever discharge, and agree to indemnify and hold harmless the Burr Elementary School PTA, the Fairfield Public Schools, the Fairfield PTA Council, and the Connecticut PTA and all officers, employees, and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action which are in any way connected with or related to my participation in any Burr Elementary School PTA sponsored activity events for the school year 2019-2020. I hereby certify the minor(s) is my \_\_\_\_\_ (son, daughter, children) and that his/her/their date(s) of birth is (are) as stated above.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_