BURR ELEMENTARY SCHOOL PTA
PARENT/GUARDIAN APPROVAL AND STUDENTS' WAIVER
2018-2019

Children Attending Burr

_____ _____
Name of Minor **Date of Birth**

_____ _____
Name of Minor **Date of Birth**

_____ _____
Name of Minor **Date of Birth**

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

_____ _____
Name of Minor **Date of Birth**

_____ _____
Name of Minor **Date of Birth**

_____ _____
Name of Minor **Date of Birth**

has (have) my permission to participate in all Burr Elementary School PTA-sponsored events for the school year 2018-2019. 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 2017-2018. 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:_____

Updated: 7/17/18