BURR ELEMENTARY SCHOOL PTA
PARENT OR GUARDIAN APPROVAL AND STUDENTS' WAIVER
2017-2018

Children Attending Burr

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

Children that do not Attend Burr but may participate in a Burr PTA event (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 2017-2018. 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:_____