MARYLAND STATE PTA

5 Central Avenue, Glen Burnie, MD 21061-3441

PHHS SENIOR WAIVER

(Every PHHS Senior Must Complete Their Own Waiver)

In the consideration of the acceptance of my entry in the ***Perry Hall High School PTSA (Perry Hall, Maryland) May 20, 2018 After Prom Party***, I, _____, 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 Maryland PTA including all units and councils, and all of their officers, directors, members and volunteers.

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

_____ _____ _____

Signature (Student's signature if Student is 18 or older) Date of Birth Date

_____ _____

Signature (Parent or guardian signature if student is under 18) Date

_____ _____ _____

Address City, State & Zip Code Phone

GUEST of PHHS SENIOR WAIVER

(Guests Will Not Be Admitted Without a Waiver)

In the consideration of the acceptance of my entry in the ***Perry Hall High School PTSA (Perry Hall, Maryland) May 20, 2018 After Prom Party*** as the guest of_____, 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 Maryland PTA including all units and councils, and all of their officers, directors, members and volunteers.

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

_____ _____

Print Guest Name Date of Birth

_____ _____

Signature (Signature of guest if 18 or older) Date

_____ _____

Signature (parent or guardian signature if guest is under 18) Date

_____ _____ _____

Address City, State & Zip Code Phone