



Turtle Rock Elementary PTA 2025-2026

PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

5151 Amalfi Drive, Irvine, CA 92603

www.turtlerockpta.org

info@turtlerockpta.org

Print the name of all family members who may participate in any PTA sponsored events for the 2025-2026 school year (including student, siblings and parents):

1. _____
Participant Name Age, if minor child
2. _____
Participant Name Age, if minor child
3. _____
Participant Name Age, if minor child
4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further, I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above-named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date
2. _____
Parent/Guardian Signature Print Name Date

Phone (include Area code)



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请以正楷填写在2025~2026学年期间可能参与任何PTA主办活动的所有家庭成员姓名（包括学生、兄弟姐妹及家长）：

1. _____
参与者姓名 年龄（如未成年请填写）
2. _____
参与者姓名 年龄（如未成年请填写）
3. _____
参与者姓名 年龄（如未成年请填写）
4. _____
参与者姓名 年龄（如未成年请填写）

下方签署的父母或监护人承担上述所有人员参与任何由PTA主办的活动中相关的一切风险。

我在此证明并确认，上述列出的所有人员身体健康，具备参与P主办的任何活动的的能力。此外，我也承认，了解PTA主办活动所固有的风险是我的责任，并将这些风险传达给上述所有人员。

据我所知和相信，上述列出的所有人员目前身体健康。如遇紧急情况时我本人或其他家长/监护人无法取得联系，我在此授权为我的孩子（们）寻求适当的治疗。我/我们同意并授权，依据当值医生、外科医生或牙医的专业判断，为我的孩子（们）进行必要的i光检查、检查、麻醉、医疗、外科或牙科诊断或治疗，并由提供医疗或牙科服务的医院或机构的医护人员执行或在其监督下执行。本人进一步理解并同意，将自行承担任何由此产生的费用和责任。

我/我们在此告知：上述未成年人中存在以下过敏反应、药物反应或需告知医生的特殊身体状况：（如无，请写“无”；如有，请注明儿童的名字及过敏/状况）

我/我们作为上述未成年人的父母或监护人，在此代表我的孩子、我本人、我的继承人、遗嘱执行人及管理人，放弃并永久免除加利福尼亚州PTA、当地PTA及其所有官员、董事、员工、代理人 and 志愿者（无论是否为官方身份）因上述任何人员参与PTA主办活动而可能引发的任何及所有索赔、要求、诉讼或法律行动，并使其免于承担责任。

通过在下方签名，我确认我已认真阅读并完全理解本文件内容。我明白这是一份责任豁免书，并自愿签署。

1. _____
父母/监护人签名 正楷姓名 日期

2. _____
父母/监护人签名 正楷姓名 日期

_____ 电话