



WAIVER / RELEASE OF LIABILITY DUE TO COMMUNICABLE DISEASES

By attending any events held by _____ PTA/PTSA, I agree to the following:

- I recognize that participation in these events creates a possible exposure to and illness from communicable diseases, including but not limited to, influenza or COVID-19.
- I knowingly assume all risks associated with the contraction of any such disease, even in the case it arises from the negligence of others.
- My choice to participate in any events held by _____ PTA/PTSA means that I assume all responsibility associated with the contraction of a communicable disease.
- I understand that _____ PTA/TPSA is not liable for the contraction of any communicable disease or the follow up care, and I / my family members (if applicable) are participating at our own risk and discretion.

Name(s) of Participant(s) – Please Print

Name of Parent/Guardian (if participants are minors) – Please Print

Signature of Participant/Parent/Guardian

Date Signed