

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in
Name of Minor

Pioneer Grad Night Cruise on June 3-4, 2010
Event or Activity Date

at Pioneer HS/San Francisco Bay from 9:30 p.m. to 5:30a.m.
Location Beginning Time Ending Time

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our), _____

Son, Daughter

myself, my (our) heirs, executors and administrators, remise, release and forever discharge

Pioneer PTSA, San Jose Unified, 6th
PTA Unit PTA Council PTA District

and the California State PTA, and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) _____

Son, Daughter

and that his/her date of birth is _____ and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. 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 has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. **(If none, please write the word "none.")**

1. _____
Signature Print Name

Address City Phone

2. _____
Signature Print Name

Address City Phone

Alternate Adult:

Signature Print Name

Address City Phone

Return to: Pioneer High School