## BURR ELEMENTARY SCHOOL PTA PARENT OR GUARDIAN APPROVAL AND STUDENTS' WAIVER 2016-2017

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 particip Social, Halloween Spooktacular, Family Picnic)	ate in a Burr PTA event (such as Ice Cream
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 Eleschool year 2016-2017. I, as parent or guardian of the (son, daughter, children), mys voluntarily release, forever discharge, and agree to ind School PTA, the Fairfield Public Schools, the Fairfield officers, employees, and agents of each of the foregoin claims, demands, actions or causes of action which are participation in any Burr Elementary School PTA spot 2017. I hereby certify the minor(s) is my his/her/their date(s) of birth is (are) as stated above.	e minor(s) listed above, do hereby, for my self, my heirs, executors and administrators, demnify and hold harmless the Burr Elementary d PTA Council, and the Connecticut PTA and all ng, acting officially or otherwise, from any and all e in any way connected with or related to my
Parent or Guardian Signature	Date
Print Name:	
Address:	
Phone:	

*Updated:* 7/27/16 BP