

Student Permission Slip

NEW YORK STATE PTA®
 New York State Congress of Parents and Teachers, Inc.
 One Wembley Court, Albany, New York 12205-3830
 1-518-452-8808 • Toll Free 1-877-569-7782 • 1-518-452-8105 (Fax)

_____ has my (our) permission to participate in
 Name of Minor _____
Forts Ferry FUND Walk & Run on Sunday, 10/2/11
 Event or Activity _____ Date _____
 at Colonie Town Park from 2pm to 3:30pm
 Location _____ Beginning Time _____ Ending Time _____

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

Myself, my heirs, executors and administrators, remise, release and forever discharge

Forts Ferry PTA NE PTA Council NEM PTA Region
 PTA UNIT PTA COUNCIL PTA REGION

and the New York State Congress of Parents and Teachers Inc., and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify that the minor is my _____

Son/Daughter

and that his/her date of birth is _____ and I do hereby certify that to the best of my 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 hereby advise that the above named minor has had all 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

Adults Agreement and Waiver

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_____ agrees to participate in
Name
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I do, hereby, for myself, my heirs, executors and administrators, remise, release and forever discharge

Forts Ferry PTA NE Council NEW PTA Region
PTA Unit PTA Council PTA Region

and the New York State Congress of Parents, and Teachers Inc., and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes or action on account of referred. I do hereby certify that to the best of my knowledge and belief said adult named 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 hereby advise that the above named adult has had all 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. _____
2. _____