

# NHE PTA SPONSORED 5<sup>th</sup> GRADE POOL PARTY WAIVER & PERMISSION FORM

**Wednesday, June 20, 2018 12 p.m. to 3 p.m. at the Newport Swim and Tennis Club**

**All students must have a signed permission form to attend this event.** Please sign and return this form to the **your 5<sup>th</sup> Grade teacher by Monday, June 18, 2018.**

By signing this document, you will not hold Newport Heights Elementary, Newport Height Elementary PTA or parent chaperones responsible. *This is not a school sponsored event.*

In consideration for my child being allowed to participate in the Newport Heights Elementary PTA sponsored 5<sup>th</sup> Grade Graduation Pool Party at the Newport Hills Swim and Tennis Club, I hereby agree as follows:

I, \_\_\_\_\_ the parent/guardian of the participant listed below, agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

The participant here by agrees to participate in the Newport Heights Elementary PTA Sponsored 5<sup>th</sup> Grade Graduation Party at the Newport Hills Swim and Tennis Club ("NHSTC") and hereby agrees to indemnify and hold harmless Newport Heights Elementary ("NHE"), the Newport Heights Elementary PTA (2.3.60), and the parent volunteers and chaperones against any liability resulting from any injury that may occur to the participants while participating in the Newport Heights Elementary PTA 5<sup>th</sup> Grade Graduation Pool Party. The participants also agree to indemnify NHE, the Newport Heights Elementary PTA, and the parent volunteers and chaperones for any damages incurred arising from any claims, demands, actions, or causes of action by the participant.

The participant authorizes any parent chaperone or representative of the NHE PTA or NHSTC to have the participant treated for any medical emergency during their participation in any activity while at the 5<sup>th</sup> Grade Graduation Pool Party. Further the participants and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted below any medical/health problems of which the Newport Heights Elementary PTA, the NHSTC and the parent chaperones should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILTY RELEASE, AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant: \_\_\_\_\_

Medical conditions or allergies: \_\_\_\_\_

Parent Contact Information:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Newport Heights Elementary PTA	5225 119 <sup>th</sup> Ave SE, Bellevue	(425) 456-5500
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