

Who are you attending the Prom with?

**MARYLAND STATE PTA**

5

Central Avenue, Glen Burnie, MD 21061-3441

**\*\*\*\*\*\*\*\*\*\***

**Turn this in**

**by April**

**24**

**and be**

**entered i**

**nto a raffle!**

**\*\*\*\*\*\*\*\*\*\***

**Eastern Technical High School PTSA Participation Waiver**

I

n the consideration of the acceptance of my entry in the

***Eastern Technical High School PTSA***

***(***

***Baltimore,***

***Maryland)***

***May 16, 2020 After Prom Party***

I, the undersigned participant, intending to be legally bound, do

hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any and

all r

ights, claims and actions for damages that I may have, or that may hereafter accrue to me against the Maryland

PTA including all units and councils, and all of their officers, directors, members and volunteers.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of

the inherent risks in participating in an event of this type.

Print Student Name

Birthdate

Signature of student. (If student is under 18 parent or guardian must sign)

Date

Address

City

Phone

**GUEST of ETHS Senior Participation Waiver**

**(**

**If the guest is a ETHS Senior, please complete a ETHS Senior Participation Waiver)**

In the consideration of the acceptance of my entry in the

***Eastern Tech High School PTSA***

***(***

***Baltimore, Maryland)***

***May 16, 2020 After Prom Party,***

I, the undersigned participant, intending to be legally bound, do hereby for myself

and

heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, claims and

actions for damages that I may have, or that may hereafter accrue to me against the Maryland PTA including all units

and councils, and all of their officers, directors, members and volunteers.

I

attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of

the inherent risks in participating in an event of this type.

Print Guest Name

Birthdate

Signature of guest

(

If guest is under 18 parent or guardian must sign)

Date

Address

City

Phone

*Maryland PTA*

*Insurance and Loss Prevention Guide*