



PINETREE
C O U N T Y
FAIR

School Carnival

Friday March 22, 2019 4:00-8:00 pm

**TRAIN RIDE - GIANT SLIDE - OBSTACLE COURSE - VIDEO GAME TRUCK - LASER TAG - BOUNCE HOUSES
PHOTO BOOTH - PETTING ZOO - GAMES - RAFFLES - SILENT AUCTIONS - FAIR FOOD**

Pre Order your Wristbands and save!

Wristbands are \$15 presale (ages 5+) and \$8 (ages 2-4)

Wristbands include unlimited games, attractions, and photo booth.

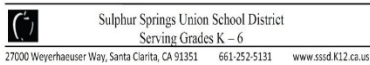
Please note: adults do not need to purchase a wristband.

Orders must be received by Wednesday March 20, 2019 for presale prices.

Please send in cash or check made out to **Pinetree PTA** with the bottom of this flier and the completed attached waivers or go online to www.pinetreepta.org to pay with debit/credit card (if paying by debit/credit card online, please still complete and return attached waivers to your student's teacher).

Presale wristbands will be available for pick up after school on Friday March 22nd and during the County Fair.

Wristband prices will be \$20 (ages 5+) and \$10 (ages 2-4) at the County Fair.



PINETREE COUNTY FAIR SCHOOL CARNIVAL – FRIDAY, MARCH 22nd, 2019

Student name: _____ Teacher _____

Phone # _____ email _____

of wristbands (ages 5+) _____ x \$15 = _____

Name(s) for Wristband (s) _____

of wristbands (ages 2-4) _____ x \$ 8 = _____

Name (s) for Wristband (s) _____

Total included: \$ _____

(Please return along with payment and the attached completed waivers for both the PTA and the Sulphur Springs School District)



Sulphur Springs Union School District

Serving Grades - K - 6



27000 Weyerhaeuser Way, Santa Clarita, CA 91351 661-252-5131 www.sssd.k12.ca.us

Canyon Springs Community School
Leona Cox Community School
Pinetree Community School

Fair Oaks Ranch Community School
Mint Canyon Community School
Sulphur Springs Community School

Golden Oak Community School
Mitchell Community School
Valley View Community School

Voluntary Activities Participation Form

Acknowledgement and Assumption of Potential Risk

I authorize my son/daughter (list all), _____
to participate in the District-sponsored activities of the Pinetree PTA – Pinetree County Fair School Carnival.

I understand and acknowledge that these activities are hazardous recreational activities and thus poses the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge and agree that the Sulphur Springs Union School District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I 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 and agreed 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 or which could limit participation:

If none, please write none.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.



PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

- 1. _____
Participant Name Age, if minor child
2. _____
Participant Name Age, if minor child
3. _____
Participant Name Age, if minor child
4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that is it my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. 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(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

- 1. _____
Parent/Guardian Signature Print Name Date
2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (include Area code)