

מטב"ם Maimonides School

PTA Activities Waiver Agreement

I certify that my child, _____, has had a complete physical examination within the past 12 months and has no physical restrictions on his/her participation in an organized soccer program.

I, the undersigned, agree to release, discharge, and hold harmless, the agents, servants, employees, officers, coaches, volunteers and directors of the Maimonides School from and against any and all actions, damages, and liability arising out of or in any way related to the PTA Soccer Program.

Name: _____ **Signature:** _____ **Date:** _____

Emergency contact phone numbers: _____