



NIXON ICE SKATING PARTY

Wednesday, February 19th - 5:30 pm to 7:30 pm
Winter Lodge (3009 Middlefield Road, Palo Alto)



Pack your scarves, hats, and bike helmets and join us for an evening of ice skating fun! Tickets are available **online** for purchase at our PTA website under the "Donations & Tickets" tab or directly at nixonelementary.myschoolcentral.com. Cost is \$24 per skater if pre-purchased, \$25 at the door (rental skates included). Spectators are free! Scholarships are available- just ask Becky.

To comply with PTA insurance rules, the WAIVER FORMS below are REQUIRED for the party; a PARENT or GUARDIAN MUST BE THE ONE to fill out the form for each minor (siblings can be on one form).

So, here's what you do to make sure you sign up completely:

-Pre-purchasing **ONLINE** is the best option for quickest entry: nixonelementary.myschoolcentral.com. Please, **print out** the online **receipt**, and on the 19th, **bring that with your completed waiver** (below). You can pre-purchase online until midnight, Feb 18th. **Please do not submit this waiver to Becky if you buy online. Bring it with you on the 19th, with your receipt.**

-If you wish instead to pre-purchase using a paper form and a check, you can find the paper form at Becky's desk. It's located near the envelope where you will return the form, check, and waiver all together (the waiver is also on the paper form, so no need to remember this sheet). Please submit all three by 3 pm on Feb 18th.

-There will also be a line to purchase tickets at the door. To save you time, bring a **completed** waiver with you (below).

Questions? Contact Wes Hartmann at weshartmann@gmail.com

For ADULT skaters

Participant's Waiver Form

California State PTA

930 Georgia Street, Los Angeles, CA 90015-1322

Participant's Waiver

In the consideration of my participation in the Nixon PTA, Palo Alto, CA Ice Skating Party on February 19th, 2020, 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 all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the California State PTA, including all units, councils and districts 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.

Signature

Date

Signature

Date

Print Name

Phone

Print Name

Phone

Address

For CHILD skaters

Parent Approval and Student Waiver Form

The minor(s) listed below has/(have) my permission to participate in the Nixon Ice Skating Party on February 19th, 2020, at the Winter Lodge of Palo Alto, from 5:30 – 7:30 p.m.

I, as parent or guardian of the minor(s), do hereby, for my child(ren), myself, my heirs, executors and administrators, remise, release, and forever discharge Nixon PTA, Palo Alto Council of PTA's, 6th District, and the California Congress of Parents, Teachers, and

Students, Inc. (California State PTA), and all PTA officers, employees and agents 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 my relation to the minors listed, and their dates of birth, and I do hereby certify that to the best of my knowledge and belief said minor(s) is/(are) 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 whether the minor(s) listed below has/(have) had any allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician.

Name of Minor (First/Last)	Relation	Date of Birth	Grade	Note for emergency treatment*
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*Write down any allergies to medication or physical conditions that should be known to a treating physician.
If none, write "None"

Signature of Parent or Guardian

Name of Parent or Guardian (please print)

Address

Emergency Phone Number