

JB Watkins PTA
501 Coalfield Road
Midlothian, VA 23114

**PARENT'S APPROVAL AND STUDENT WAIVER
+ PARTICIPANTS' WAIVER**

Dear Parents,

August 14, 2026

All of us at JB Watkins Elementary are excited for the start of a new school year! We can't wait to meet you and your students at PTA-sponsored events and activities, including Chess Club, Fall Fest, Talent Show and the additional happenings through the end of the year.

Please fill out the waiver on the reverse side of this letter, including student name and grade, parent contact information and any allergy information for each student enrolled at Watkins.

Once this waiver is signed, please return to your child's teacher.

A signed waiver is required for participants in all PTA-sponsored events, including for all students attending Chess Club. We will ask for this information each year and we will destroy all copies at the end of the year.

Thanks so much for your cooperation.

If you have any questions, please email president@jwpta.com

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+ PARTICIPANTS' WAIVER**

Print the name of all family members who may participate in any PTA sponsored events for the 2026-2027 school year (including student, siblings and parents). Please list student first and last names and grade level:

JBW STUDENT + GRADE LEVEL:

PARTICIPATING FAMILY MEMBERS (SIBLINGS, PARENTS, ETC):

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 it is 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 medical conditions, allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician or paramedic: (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 Virginia State PTA, Chesterfield County Council PTA, Chesterfield County Public Schools, JB Watkins Elementary School and JB Watkins 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.

Parent or Guardian Name:

Signature:

Date:

Address:

Phone:

Email: