

ETZ HAYIM SYNAGOGUE EDUCATIONAL PROGRAMS
Release of Liability and Photo Permission
2011/2012

As the parent and/or legal guardian of _____

_____ (list all children), I hereby consent to his/her/their participation in any and all of the activities of the Etz Hayim Educational programs for the 2011/2012 school year commencing September 2011 through June 2012.

Further, I hereby release the Etz Hayim Synagogue, its officers, directors, members, employees, and volunteers from any liability of whatever nature (including, but not limited to, for personal injury or property damage) arising out of or in any way related to any and all such activities of the Etz Hayim educational programs.

Further, I hereby grant consent to Etz Hayim Synagogue, its employees and volunteers, to provide any medical, surgical, or hospital care for him/her/them that may become necessary in an emergency, and I agree to be responsible for the cost of such care.

Further, I agree / do not agree to allow Etz Hayim Synagogue to use my (and my spouse's, if any) and my child's/children's name(s), photograph(s), and video and digital image(s) in Synagogue writings, publications, and productions. These writings, publications, and productions may be posted on the Synagogue's website.

Further, I agree / do not agree to allow Etz Hayim Synagogue to give to the media for any purpose and to use in any media form (newspaper, radio, television, internet, etc.) my (and my spouse's, if any) name and my child's/children's name(s), as well as our photograph(s), and video and digital image(s).

DATE _____

Print Name: _____
Parent/Legal Guardian

Signature: _____

SPECIAL NEEDS (MEDICAL OR OTHERWISE) [Please include food allergies]

EMERGENCY CONTACT – Please provide a name/phone number of someone *other than a family member* who can pick up your child(ren) in the event said child(ren) needs to leave class early.

NAME _____ PHONE _____