



## **PARENTAL CONSENT AND RELEASE OF LIABILITY**

### **1. Release of Liability.**

I understand that participating in CONGREGATION BETH EVERGREEN activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children participating in CONGREGATION BETH EVERGREEN activities.

I understand that by partaking of CONGREGATION BETH EVERGREEN activities, my children and/or I may participate in any number of activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks, whether such risks are known or unknown to me at this time. I further release CONGREGATION BETH EVERGREEN, including its directors, volunteers, employees and agents, from any claim that I or my child may have against them as a result of physical injury or illness incurred during participation in CONGREGATION BETH EVERGREEN activities. This release of liability shall include (without limitation) any claims for negligence and breach of fiduciary duty against CONGREGATION BETH EVERGREEN and its employees or agents.

### **2. Authorization for Medical Treatment.**

With the increasing sophistication of the medical system, I understand it is necessary to have a parental consent form in the unlikely event of an injury or condition requiring medical treatment of my child.

This release and consent gives CONGREGATION BETH EVERGREEN the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME, HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE CONGREGATION BETH EVERGREEN AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE CONGREGATION BETH EVERGREEN, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT.



I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in CONGREGATION BETH EVERGREEN activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this Release shall be binding upon me, my child/ward, heirs, legal representatives and assigns. I shall defend, indemnify and hold CONGREGATION BETH EVERGREEN, including its directors, volunteers, employees and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all CONGREGATION BETH EVERGREEN activities.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian's

Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

If parents are not available, you may call the relative or friend below in an emergency: Name:

\_\_\_\_\_ Phone: \_\_\_\_\_

Comments regarding my child's medical history, allergies, penicillin or drug reactions, etc., which may be needed in the case of any emergency treatment:

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HEALTH INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_