



# Congregation Beth Israel 2017-18 Youth Events Waiver

## DRIVING POLICY

Whenever possible Congregation Beth Israel will provide transportation to events held away from Congregation Beth Israel either by bus or by private vehicles driven by parents or Youth Department staff. When transportation is provided, parents must sign the following release of liability. **By signing below, I agree to abide by the items below:**

- When transportation is provided, it must be used unless there is both
  1. Permission from the Youth Group Advisor
  2. Release signed by parent/guardian as presented below
  
- B. When transportation is not provided by Congregation Beth Israel or adult drivers, I hereby give permission for my child to be driven by any licensed driver on the list of approved drivers on file in the Youth office. Furthermore, I hereby release and hold Congregation Beth Israel harmless from any and all liability claims, causes of action or damages which may arise or result from the transportation of my child by said licensed driver.

Parent/Guardian signature for transportation: \_\_\_\_\_

- Please contact me if there is a need for a parent volunteer for driving, chaperoning, etc.

## EMERGENCY INFORMATION

In Case of Emergency please contact the following person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any special medical conditions, ALLERGIES, concerns or limitations which may limit your child's full participation in our youth program? (Please explain)

\_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL AUTHORIZATION AND LIABILITY RELEASE

I / We hereby give permission for my son/daughter \_\_\_\_\_ (Grade: \_\_\_\_\_), to participate in all activities that are in conjunction with Congregation Beth Israel's Youth Department.

I / We understand that if my/our child is present at any CBI Youth event, he/she is attending with my/our consent and permission.

I/We hereby authorize the Youth Department staff members or agents of Congregation Beth Israel to act as my/our agents to consent to any medical or surgical diagnosis and/or treatment or hospital care deemed advisable by a duly licensed physician in the event of an emergency. I/We agree to pay all expenses incurred. Every attempt will be made to reach the child's parent(s) and/or doctor for any emergency arising. In no event will Congregation Beth Israel, its officers, Youth Department Staff or agents be held liable for any first aid or surgical treatment procedures performed pursuant to this consent form any liability arising from my child's participation in Youth Group activities.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_