



TUVIA SCHOOL OF TEMPLE MENORAH

MEDICAL, PHOTO/VIDEO, LIABILITY RELEASE FORM 2011-2012

1. I understand and certify that my child's participation in TUVIA SCHOOL OF TEMPLE MENORAH is completely voluntary and I have familiarized myself with the schools program, policies and activities. Unless the TUVIA SCHOOL OF TEMPLE MENORAH is notified, IN WRITING, my child may participate in all appropriate activities. **Initial** _____

2. I will notify TUVIA SCHOOL OF TEMPLE MENORAH IN WRITING if my child has any physical limitations or allergies of any kind. This includes "food allergies" and "bee" or insect bite allergies. **Initial** _____

3. I agree to hold harmless, indemnify, and defend TUVIA SCHOOL OF TEMPLE MENORAH, its officers, employees, and agents for and from all liability, claims, expenses, demands, fees, judgments and/or damages arising directly or indirectly from my child's participation in TUVIA programs or at any time my child is on the activity premises of TUVIA SCHOOL OF TEMPLE MENORAH, save and except claims arising out of the sole willful misconduct of TUVIA SCHOOL OF TEMPLE MENORAH. I will reimburse TUVIA SCHOOL OF TEMPLE MENORAH, its officers, staff, employees or agents for all expenses including reasonable attorney fees for all such claims made. **Initial** _____

4. (I)(We), the undersigned, parents/guardian of _____ a minor(s), do hereby authorize the Director of TUVIA SCHOOL OF TEMPLE MENORAH, or his/her authorized representative, as agent(s) to the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. This authorization shall remain effective as long as my child is enrolled in TUVIA SCHOOL OF TEMPLE MENORAH. **Initial** _____

5. **TUVIA SCHOOL OF TEMPLE MENORAH may use my child's photograph or electronic likeness in promotional materials.**

I _____ parent/guardian of _____; have read, initialed, and will adhere to the above statements. By signing this agreement I acknowledge that I have read the TUVIA SCHOOL OF TEMPLE MENORAH Handbook and will adhere to TUVIA SCHOOL OF TEMPLE MENORAH policies; failure to do so will result in my child being removed from TUVIA SCHOOL OF TEMPLE MENORAH with no refund.

Signature _____ **Date:** _____