



PERMISSION AND RELEASE FOR ACTIVITIES AWAY FROM TEMPLE
and PHOTO/VIDEO RELEASE

Please print your child(ren)'s name(s) and Religious School grade(s) for 2017-2018:

_____ ; Grade: _____

_____ ; Grade: _____

_____ ; Grade: _____

_____ ; Grade: _____

I understand that from time to time my child(ren) listed above may have an opportunity to participate in Temple sponsored or endorsed activities which will be away from Ohef Sholom Temple. I understand that these activities will be under the direct supervision of one or more faculty member(s) of Ohef Sholom Temple Religious School and that my child will be transported in a contracted or designated vehicle (or chartered service for certain trips/outings). Applicable school rules and special rules for such activities will apply.

I request that my child(ren) be allowed to participate in such activities.

I also authorize any medical treatment of my child(ren) in case of an emergency and agree that I am responsible for the cost of such treatment.

In consideration of my child(ren) being allowed to participate in such activities, I release, hold harmless and indemnify Ohef Sholom Temple, its agents, representatives, employees, volunteers, officers and directors from all claims, damages, or other liabilities for injuries to my child, or damage to or loss of my child(ren)'s property, unless otherwise provided by Virginia law.

I also grant Ohef Sholom Temple the right to take photographs and video of my child(ren).

I agree that Ohef Sholom Temple may use such photographs and video of my child(ren) with or without my, his or her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising for the Temple, the Temple's web site and the Temple's print and electronic communications, and in conjunction with publicity, illustration, advertising, web site and print and electronic communications in the Hampton Roads Jewish community referencing events at or involving Ohef Sholom Temple in which where my child(ren) participated or is/are expected to participate.

YOU MUST COMPLETE ALL THE REQUESTED INFORMATION ON PAGE 2, WHICH IS FOUND ON THE BACK OF THIS SHEET.

I have read, understand and agree to all of the above:

Signature: _____

Printed Name: _____

Date: _____, 201__

PERSONAL INFORMATION:

Names of Parents or Guardian(s): _____

Home phone: _____ Work phone: _____

Cell Phone(s): _____

Any other emergency contacts, with their telephone numbers:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

MEDICAL OR PHYSICAL CONDITIONS:

List below any of your child(ren)'s medical or physical conditions and related medications of which the trip supervisor(s) should be aware, to assure your child(ren) and all other participants have a safe and orderly trip:

Child Name: _____ Condition: _____

Medication: _____ Dosage: _____

Name of Physician
to be contacted: _____ Telephone: _____

Child Name: _____ Condition: _____

Medication: _____ Dosage: _____

Name of Physician
to be contacted: _____ Telephone: _____

Child Name: _____ Condition: _____

Medication: _____ Dosage: _____

Name of Physician
to be contacted: _____ Telephone: _____

Child Name: _____ Condition: _____

Medication: _____ Dosage: _____

Name of Physician
to be contacted: _____ Telephone: _____

Other special needs (include the child's name if you have more than one in the Religious School):
