ETZ HAYIM SYNAGOGUE EDUCATIONAL PROGRAMS

Release of Liability and Photo Permission

2026/2027

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 program for the 2026/2027 school year commencing September 2026 through June 2027.

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

Further, I hereby grant consent to Etz Hayim Synagogue, its officers, directors, members, employees, and volunteers to provide any medical, surgical, or hospital care for my child/children 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 (circle one) to allow Etz Hayim Synagogue to use my (and my spouse's, if any) and my child's/children's names(s), photographs(s), and video/audio and digital images(s) in Synagogue writings, publications, and productions. These writings, publications, and productions may be posted on the Synagogue's website and Facebook pages.

Further, I agree / do not agree (circle one) 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 names(s) as well as our photographs(s) and video/audio and digital image(s).

Date: _____ Print Name: _____

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 (print legibly): _____
Relationship to child(ren): _____
Cell phone number: _____ Home number: _____