



**Participant Release/Acknowledgment Form**

**UJA-Federation J-Teen Leadership Volunteer Event**

I am the parent or guardian of the child identified below (the "Child"). I consent to the participation of the Child in the J-Teen Leadership volunteer event being run by United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA-Federation") at Hartsdale, NY on **Sunday, April 7, 2019** involving **J-SERVE 2019** (the "Event"). I have been advised of the nature of the activities that will take place at the Event. I understand that there will be adults present at the Event as well as a range of age of minors, but that there will be neither direct nor close supervision of the minors at the Event.

On behalf of myself and the Child, I hereby waive, release and forever discharge UJA-Federation, its officers, agents, employees, volunteers' representatives and executors, to the greatest extent permitted by law, from any and all responsibility or liability for injuries or damages resulting from the Child's participation in the Event.

I further declare that I am not aware of any physical or health limitation that would make the Child's participation in the Event inadvisable.

I hereby grant permission, without reservation, to UJA-Federation and those authorized by UJA-Federation, to take photographs and to make recordings of the Child, and to use them in original or modified form in all media now or hereafter known, with or without my child's name or information about the Child, for the promotion, public education, and/or fundraising activities of UJA-Federation. I understand and agree that the Child is entitled to receive no compensation for the above.

On behalf of myself and the Child, I hold harmless and release and forever discharge UJA-Federation, its officers, directors, agents, employees, independent contractors, licensees, and assignees from all claims, demands, and causes of action that I, my child or our respective heirs, representatives, executors, administrators, or other persons acting on our behalf or on behalf of our estates have now or in the future relating to the above. I agree that UJA-Federation will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Email:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MEDICAL RELEASE**

If my child needs immediate medical care and parent cannot be reached, please call:

Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_

Friend/Relative: \_\_\_\_\_ Phone# \_\_\_\_\_

After discussion with my child’s physician, I am confirming that the list of my child’s health issues below is complete to the best of my knowledge.

**Allergies (including medication allergies):** \_\_\_\_\_

**Current medications:** \_\_\_\_\_

**Other health issues that may be pertinent to medical care (for example, blood conditions such as hemophilia; orthopedic or other metal or non-metal implants):**

\_\_\_\_\_

**Hospitalization coverage for above-named minor**

**Insurance Co. or Government program – I.D. /Group Number**

\_\_\_\_\_

If there is a need for immediate **medical** care and I cannot be reached, I give my permission for my child to be taken to the nearest hospital or other medical facility for medical aid.

Child’s Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_