



Permission and Photo Release to J-Teen Leadership/Westchester Jewish Council  
**For October 10, 2016 Far Rockaway, Queens**

I hereby grant permission, without reservation, for my child, \_\_\_\_\_ (“my child”), to travel round-trip by bus from the J-Teen Leadership office, White Plains, NY to Far Rockaway, NY to participate in the **Hurricane Sandy Continuing Recovery** event (“the Event”) with J-Teen Leadership/Westchester Jewish Council (“J-Teen”). I hereby grant permission, without reservation, for my child to partake in all Event-related activities.

I acknowledge and affirm that there are risks inherent in the Event and activities and that J-Teen cannot guarantee the personal safety of my child or the safety of my child’s property while he/she is participating in the Event or in any Event-related activities. I hereby release J-Teen, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I may have relating to injury or damage suffered or incurred by me or my child in connection with the above-described inherent risks.

I hereby grant permission, without reservation, to J-Teen, and to those authorized to take photographs and to make recordings of my child, and to use them in original or modified form in all media now or hereafter known, with or without name or information, solely for the promotion, public education and/or fundraising activities of J-Teen. I understand and agree that I am entitled to receive no compensation for the above. I release J-Teen, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that J-Teen will be the sole owner of all tangible and intangible rights in the above-mentioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor name above, and I hereby consent to the foregoing on the behalf of the minor and myself.

Date _____	Address _____
Name (print) _____	_____
Signature _____	Phone _____
Relationship _____	E-mail _____

**MEDICAL RELEASE**

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

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

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

**Allergies and/or medications:**

\_\_\_\_\_

**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 for medical aid.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_