



Permission and Photo/Medical Release to J-Teen Leadership/Westchester Jewish Council  
**For April 2, 2017 • J-Serve Project**

I hereby grant permission, without reservation, for my child, \_\_\_\_\_ (“my child”), to travel by own transportation to White Plains, NY to participate in **2017 J-Serve** (“Event”) at Congregation Kol Ami, 252 Soundview Avenue, White Plains, NY with J-Teen Leadership/Westchester Jewish Council, BBYO and collaborative partners (“J-Teen”) on April 2, 2017. 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, advisory group, committee members, 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, advisory group, committee members, 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/child named above, and I hereby consent to the foregoing on the behalf of the minor/child 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:**

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**Hospitalization coverage for above-named minor/child  
Insurance Co. or Government program - I.D. /Group Number**

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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: \_\_\_\_\_