

international teen SHABBATON

NEW YORK 2014

COMBINED PERMISSION; RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT; AND EMERGENCY MEDICAL/CONTACT INFORMATION

PERSONAL INFO:

 Teens Name

 Birth Date

 Mobile Phone

 Home Phone

 Address

 Parent/Guardian's 1 Name

 Mobile Phone

 Home Phone

 Parent/Guardian's 2 Name

 Mobile Phone

 Home Phone

IN CASE OF EMERGENCY CONTACT:

 Emergency Contact 1

 Relationship

 Mobile Phone

 Home Phone

 Emergency Contact 2

 Relationship

 Mobile Phone

 Home Phone

PERMISSION TO PARTICIPATE; RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I/we give permission for _____ (name of teen) to participate in the activities and trips of CTeen's International Teen Shabbaton. In consideration of the opportunity of my/our child to participate in the activities of CTeen's International Teen Shabbaton, I/we release CTeen, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child arising from my/our child's participation in the activities of the International Teen Shabbaton; and I/we agree to indemnify and hold forever harmless CTeen, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child arising from activities of the International Teen Shabbaton or resulting from traveling to or from the activities.

 Parent/Legal Guardian

 Parent/Legal Guardian

MEDICAL INFO:

Name of Primary Physician

Number of Primary Physician

Allergies (including medications teen can NOT take)/Special Health Concerns:

Medical Insurance Company

Policy Group Number

Participant ID Number

Medical Insurers Phone Number

AUTHORIZATION TO OBTAIN URGENT OR EMERGENCY MEDICAL CARE:

As the parent(s) or legal guardian(s) of _____ (name of teen), I/we give permission for CTeen, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Legal Guardian

Parent/Legal Guardian

PHOTO PERMISSION:

I/we understand that my/our child may be included in photographs and video footage that may be filmed during the trip. I authorize CTeen to use these photos/videos to promote its programs and services in print, web, and other promotional contexts.

Parent/Legal Guardian

Parent/Legal Guardian

This form should be given to your chaperone at the airport or starting point. There is no need to send this form to the CTeen office.