



**CONSENT, AUTHORIZATION**  
**RELEASE OF LIABILITY AND EMERGENCY MEDICAL INFORMATION FORM**  
*Required For All Guests & Invitees Using AHA Facilities*  
*Not Otherwise Participating in an Official Interscholastic Event on Campus*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Information:

Mother's Name/ Home Phone \_\_\_\_\_

Mother's Mobile Phone \_\_\_\_\_

Mother's Office Phone \_\_\_\_\_

Father's Name/Home Phone \_\_\_\_\_

Father's Mobile Phone \_\_\_\_\_

Father's Office Phone \_\_\_\_\_

Other Contact Name/Home Phone \_\_\_\_\_

Other Contact Mobile Phone \_\_\_\_\_

Other Contact Office Phone \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

By participating individually or permitting your child to participate in Academy activities, you agree to comply and to instruct your child to comply with Academy rules and regulations and adhere to instructions by Academy personnel as so directed. Some activities at the Academy, such as, but not limited to, swimming, kayaking, sailing and rock wall climbing can be inherently dangerous and participants must adhere to all safety procedures and instructions. The Academy accepts no responsibility for the intentional acts of participants who fail to comply with instructions of Academy personnel.

Rules and regulations of the Academy require that there shall be no smoking, possession or use of marijuana, narcotics, other illicit drugs, or prescription drugs not used as prescribed for the individual, alcohol, weapons or participation in sexual activity. While at the Academy or participating in any program sponsored or conducted by the Academy, participants shall at all times act in a responsible and respectful manner and shall be subject to the rules and regulations of the Academy. All damages caused or cost to transport a participant home if expelled from an Academy event shall be the responsibility of the parent/guardian. The Academy hereby reserves the right to search all participants' personal belongings at the discretion of Academy personnel.

From time to time, photographs of me or my child may be taken while participating in various events. I hereby consent to the use of these photographs by the Academy for promotional purposes.

I/We agree that the American Hebrew Academy (the "Academy" or "AHA"), its Trustees, employees, agents, volunteers and associated organizations and personnel shall not be liable for any accident or injury that I or my/our child may sustain arising out of or related to any Academy activity, either on campus or off campus or during an adjunctive or extra-curricular program. This Agreement hereby releases the American Hebrew Academy, its Trustees, employees, agents, volunteers and associated organizations and personnel from any liability which may arise out of or be related to my/our child's participation in any and all Academy activities. This Agreement does not, however, absolve the Academy for its own gross negligence or intentional acts.

I declare under penalty of perjury that I have read and fully understand the importance and effect of this document and have voluntarily signed this document without duress and under my own free will. I further represent that I am the parent or legal guardian of the above named minor if applicable and have full authority to execute this document.

**STATEMENT OF MEDICAL CONDITION AND EMERGENCY AUTHORIZATION**

I, acting on behalf of myself or as the parent or legal guardian of the applicant/child/guest/invitee state that I/he/she is in good/normal health, has no physical or mental handicaps that have not been previously advised and fully disclosed to the Academy and has my/our permission to engage in all available activities except as noted under Restrictions or Modifications below. Unless noted below, I certify that I/my child is not presently taking any prescribed medications, other than those disclosed below.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian(s) of the participant, or the emergency contact person listed above. In the event the emergency contact person cannot be reached, I hereby give permission to the physician or other medical personnel to at my sole cost, attend to, hospitalize, secure proper and ongoing treatment and to order injections, medications, anesthesia, or surgery for myself or my child. I am aware that this form may be photocopied for use by medical caregivers.

All American Hebrew Academy guests and invitees must have medical insurance in order to participate in extracurricular programs and use AHA facilities.

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Please provide details for applicable items pertaining to you/your child:

Allergies (food/drug/insect/substance/other) \_\_\_\_\_  
\_\_\_\_\_

Current Medication(s) or Medical Treatment's including those for Mental or Physical Health \_\_\_\_\_  
\_\_\_\_\_

Recent Illness, injury or surgery \_\_\_\_\_  
\_\_\_\_\_

Disability, chronic illness or condition \_\_\_\_\_  
\_\_\_\_\_

Activity restrictions or modification \_\_\_\_\_  
\_\_\_\_\_

Understood and agreed to this \_\_\_\_ day of \_\_\_\_\_, 200\_\_:

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)/Individual      Print Name      Date