



**Congregation Beth David**  
**Religious School Education Program JK – 7<sup>TH</sup>**  
**High School Experience for Teens 8<sup>th</sup>- 12<sup>th</sup>**  
 19700 Prospect Road Saratoga CA 95070 (408) 366-9101



## Parent Consent Form

2019-2020 ~ 5780

### Release of Liability

Participation in any activities and use of any recreational facilities while on the Congregation Beth David grounds involves a risk of accidental injury despite all safety precautions. I/we as parent(s) or guardian of the participant(s) assume all risks and hazards incidental to the activities, and release from any responsibility and all liability, claims, costs, damages including attorney fees, and agree to indemnify and hold harmless the teachers, volunteers, aides and all employees for any illness, injury or damage to me or my children or family members occurring during, my/his/her/our, participation in any activities, or use of any recreational facilities, on the Congregation Beth David grounds.

*Parents/Guardian Name (Print):* \_\_\_\_\_, \_\_\_\_\_

*Signatures:* \_\_\_\_\_, \_\_\_\_\_ *Date:* \_\_\_\_\_

### Field Trip Authorization

I/we give my/our child \_\_\_\_\_ permission to attend any Congregation Beth David sponsored field trips during the school year 5780 (2019-2020). I understand that field trips will be adequately supervised, transportation will be arranged either by parent carpools, school buses, or walking, and that I will be informed beforehand of all such trips. In case of emergency, I/we hereby give permission to the director of Congregation Beth David's education programs or her representative to authorize the administration of health care services to my child(ren) by a physician or other professional health care provider, hospital, paramedic, nurse etc. I understand that CBD assumes no responsibility for the payment, adequacy, or quality of service rendered by the physician or other health care providers selected in such an emergency.

*Parents / Guardian Name (Print):* \_\_\_\_\_, \_\_\_\_\_

*Signatures:* \_\_\_\_\_, \_\_\_\_\_ *Date:* \_\_\_\_\_

### Photo Release Form

The complete collection of Education Program photos will be kept on a secure, password protected site. However, on occasion Congregation Beth David may include a few selected photos (no name included) of students in the following: local newspapers, video, Beth David and school internet sites, the Beth David D'Var, local Jewish publications, or other communication tools that promote Beth David's education programs.

Please indicate your preference regarding use of your student's photo in the manner described above.

Yes, my student's photo (with no name) may be used for the purposes explained above.

No, my student's photo MAY NOT be used for the purpose explained above.

*Parents/Guardian Name (Print):* \_\_\_\_\_, \_\_\_\_\_

*Signatures:* \_\_\_\_\_, \_\_\_\_\_ *Date:* \_\_\_\_\_