

## MEDICAL & LIABILITY RELEASE FORM

I, \_\_\_\_\_ (Parent) give permission for my child, \_\_\_\_\_, to participate in **THE ARIK SUEZ BAR MITZVAH WEEKEND** on **OCT 9-11, 2015 ("the event")**.

In case of medical emergency involving my child, I authorize Camp Young Judaea staff and / or Leslie and Eitan Suez to use their judgment in arranging for medical care for my child (including hospitalization, anesthesia, surgery and any other medical care which is deemed necessary and appropriate by Camp Young Judaea staff and/or Leslie and Eitan Suez) and to directly contact and deal with any health insurance company that may provide coverage for my child. **Any provider of medical services may fully rely on this authorization for the purposes of providing any necessary medical care to the above named child.**

My child is in sound physical, mental and emotional health and fully able to participate in all event activities without need of individualized or special attention, accommodation, staffing or medical regimen.

I agree that Camp Young Judaea, its staff, and the Suez Family, are not responsible for any medical expenses incurred by or on behalf of my child.

If transportation arrangements have been made for my child, my child and I understand and agree that Camp Young Judaea and / or the Suez Family act only as agent for my child in making transportation arrangements to and from camp and that Camp Young Judaea and the Suez Family do not assume any liability in making any arrangements for the event.

In consideration for my child's acceptance to participate in the event, I (on behalf of myself, my child and his/her family members) fully release, waive and discharge the Suez Family, Camp Young Judaea, Inc. and their affiliates, related entities, officers, directors, employees, volunteers, members, agents and representatives from any and all claims and liability of any kind in connection with my child's participation in the event, my child's travel to and from the event, and any medical treatment my child may or may not receive.

**I have read, understand and agree to the above terms and conditions.**

Parent's Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

**ATTACH A COPY OF YOUR CHILD'S MEDICAL INSURANCE CARD – FRONT AND BACK**

Parent's home telephone: \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Parent's work telephone: \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

### RULES AGREEMENT

We have read the enclosed rules for Maia Suez Bat Mitzvah at Camp Young Judaea and agree to abide by all of these rules.

Student's Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Parent's Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)