



Congregation Beth David Religious School
Serving Grades Prek-7
 19700 Prospect Road Saratoga CA 95070 (408) 366-9101



Parent Consent Form

2013-2014 ~ 5774

Release of Liability

Participation in any activities and use of any recreational facilities while on the Congregation Beth David campus involves a risk of accidental injury despite all safety precautions. I /we as an individual or as a parent or guardian of the participants assume all risks and hazards incidental to the activities, and release from any responsibility and all liability, claims, costs, damages including attorney fees and costs, 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 campus (Religious School and synagogue).

Parents / Guardians: _____

Name Please Print: _____, _____

Signatures: _____, _____ *Date:* _____

Field Trip Authorization

I/we give my child _____ permission to attend any Congregation Beth David sponsored Field trips during the school year 5774 (2013-2014). 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 Principal of Congregation Beth David Religious School 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 / Guardians: _____

Name (Please Print) : _____, _____

Signatures: _____, _____ *Date:* _____

Photo Release Form

The complete collection of Religious School event photos will be kept on a secure/password protected site. However, on occasion Congregation Beth David Religious School may include a few selected photos (no name included) of students in local newspapers, on video, on Beth David and religious school websites, the Beth David D'var, in local Jewish Publications, or other communication tools that promote Religious School education and Beth David.

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.

Parent or Guardian (Please Print)

Parent or Guardian Signature

Date