

Permission Slip, Recording, Liability Waiver & Emergency Medical Release

Texas Temple Youth (NoTTY). In consid	, has my permission to participate in Congregation Kol Ami's North ation of my child's acceptance as a youth group participant, I hereby waive any its agents, employees and volunteers, that may arise out of injury, loss or damage or temple activity.
	tion Kol Ami staff member, NoTTY staff and volunteers and/or by other oling.
the age of eighteen years), I do hereby rele all faculty members and youth group staff any and all claims, demands, causes of action	personal representatives, administrators and executors, and my child (if under discharge, indemnify and hold harmless Congregation Kol Ami (CKA), any and ambers, their agents, representatives, employees and volunteers, from and against liabilities, damages, and personal injuries, including death, property damage, the including costs and attorney fees in connection with or arising from
This is to certify that my child,youth group events:	, is in good physical health and can participate in
☐ Without limitation ☐ With the following limitations/accomm	ations:
I give permission for my child to take the from Temple: ☐ acetaminophen ☐ Ibupro	owing over-the-counter medications under the supervision of an adult chaperone and antihistamine
guardian to use any recording, or other dep (written or verbal) of Participant or any far	Texas Temple Youth (NoTTY) has the permission of Participant's parent or ion (whether by sound, video, photography or other means) or testimonials we member of Participant for the purpose of promoting Congregation Kol Ami's Programs, Events and activities: Approve
If the participant is a minor, I further attes right and authority to enter into this agreer	nat I am the parent or legal guardian of the minor child and that I have the legal nt on behalf of the minor and myself.
Signature of Participant	Date
Signature of Parent/Legal Guardian	Date



Insurance Information

Participant:
Medical Insurance Carrier:
Policy #
Group #
Insured Person's Info:
Name:
DOB:
Relationship with Participant: