

**CONGREGATION BETH TIKVAH  
CONSENT AND AUTHORIZATION  
AND  
GENERAL RELEASE OF LIABILITY**

I hereby give my consent and authorization for my child \_\_\_\_\_  
to participate in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I hereby release from liability all persons and/or organizations who in any fashion have helped in organizing, planning and/or implementing the above activity. I understand this activity is voluntary and I desire for the above named minor to participate in it. I understand that authorized vehicles will transport my child to the designated place. I hereby waive and release any claim against Congregation Beth Tikvah for any injuries suffered by my child while traveling to or from or participating in the above listed activity.

If I or the emergency contact listed below cannot be reached, I hereby authorize the adult leader in charge of this activity to take any necessary steps including administration of emergency first aid and obtaining the services of licensed emergency/medical personnel, transportation and admission to a hospital or other medical facility, and the administration of medications, injections, anesthesia or other medical or surgical procedures, and I hereby authorize any licensed emergency/medical personnel so selected to provide those services.

Emergency Contact Information:

Name (s)

Phone Number including area code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone numbers where I can be reached during the time of this activity:

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_