

# WAIVER AND RELEASE OF CLAIMS, and CONSENT TO PARTICIPATE, and MEDICAL EMERGENCY AUTHORIZATION

## Prairie Jewish Youth

This waiver & Release of Claims, and Consent, and Medical Emergency Authorization (“Waiver & Release”) is signed in conjunction with the participation at Prairie Jewish Youth (PJY) activities of

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[please print Student's Name]

who is a minor child (“Student”) and whose parent or legal guardian is

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[please print Parent or Guardian's Name]

### Waiver and Release of Claims

Please read this Waiver & Release carefully, and be aware that by registering Student for participation in PJY activities, you will be waiving and releasing all claims against PJY and related parties for injuries, damages or other losses that you and/or Student may suffer as a result of, arising out of, related to or in connection with Student’s and/or your participation in and/or attendance at PJY.

By signing below, you acknowledge that:

You understand that health insurance and accident insurance that you may have are your financial protection in the event of injury to Student and/or you, including while Student and/or you are participating in and/or attending PJY events.

You recognize and acknowledge that there are certain risks of physical and/or mental injury to participants in and attendees of PJY events, including to Student and yourself and any other family members who accompany Student to PJY events.

You waive, release, and relinquish all claims, whether known or unknown, which you and/or Student and/or any other member of your family may have, may have had, or may some day have, against PJY and/or its directors, officers, agents, managing agents, contractors, volunteers, contributors, sponsors, employees and/or related individuals or entities (collectively, the “PJY Parties”) as a result of, arising out of, related to, or in connection with the PJY, including claims for injuries, damages or losses.

You agree to indemnify, hold harmless and defend PJY, and the PJY Parties from all claims arising out of, related to, or resulting from injuries, damages and losses of any kind, whether known or unknown, sustained by Student and/or you and/or any other member of your family, as a result of, arising out of, related to, or in connection with PJY.

### Consent to Participate

By signing below, you acknowledge that you are giving Student permission to participate in and attend PJY events; and you confirm that in the event that you and/or any other member of your family, participate in and/or attend PJY events, that you have voluntarily chosen for yourself and all such family members to so attend.

## Medical Authorization

As parent and/or legal guardian to Student, by signing below you acknowledge that you are authorizing the following: Treatment by a qualified and licensed medical doctor of Student and/or you and/or any other member of your family in the event of a medical emergency that arises for Student and/or you and/or any other member of your family while attending and/or participating in PJY events, if, in the opinion of the attending physician, the delaying of medical treatment may endanger Student's and/or your life and/or any other member of your family, as the case may be, or cause disfigurement, physical impairment , or undue discomfort.

By signing below, you acknowledge that you have read fully and understand this Waiver & Release of Claims, and Consent to Participate, and Medical Authorization.

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Email of Parent and/or Guardian\*

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Relationship to Student\*

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Signature of Parent and/or Guardian\*

Date

Please email a signed copy to Liza Bachrach at [prairiejewishyouth@gmail.com](mailto:prairiejewishyouth@gmail.com).