



**CONSENT, AUTHORIZATION  
RELEASE OF LIABILITY AND EMERGENCY MEDICAL INFORMATION FORM  
PARENT FORM**

**American Hebrew Academy  
ATTN: Prospective Student Weekend  
4334 Hobbs Road  
Greensboro, NC 27410  
Fax: 336-217-7011  
Email: info@aha-net.org**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: 1) Home \_\_\_\_\_ 2) Mobile \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

I agree that the American Hebrew Academy (the "Academy"), its Trustees, employees, agents, volunteers and associated organizations and personnel shall not be liable for any accident or injury that I may sustain arising out of or related to any Academy activity, either on campus or off campus or during an adjunctive or extra-curricular program. This Agreement hereby releases the American Hebrew Academy, its Trustees, employees, agents, volunteers and associated organizations and personnel from any liability which may arise out of or be related to my/our child's participation in any and all Academy activities. This Agreement does not, however, absolve the Academy for its own gross negligence or intentional acts.

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

**STATEMENT OF MEDICAL CONDITION AND EMERGENCY AUTHORIZATION**  
**PLEASE PROVIDE A COPY, FRONT & BACK OF YOUR INSURANCE CARD. THANKS!**

All American Hebrew Academy guests must have medical insurance in order to participate in extracurricular programs.

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency Contact Person Name \_\_\_\_\_

Emergency Contact Person Phone \_\_\_\_\_

Please provide details for applicable items pertaining to yourself:

Allergies (food, drug, insect or substance) \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Recent illness, injury or surgery \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Disability, chronic illness or condition \_\_\_\_\_

Activity restrictions or modification \_\_\_\_\_

By participating in Academy activities, you agree to comply with Academy rules and regulations and adhere to instructions by Academy personnel as so directed. Some activities at the Academy, such as swimming, kayaking, and rock wall climbing can be inherently dangerous and participants must adhere to all safety procedures and instructions. The Academy accepts no responsibility for the intentional acts of participants who fail to comply with instructions of Academy personnel.

Rules and regulations of the Academy require that there shall be no smoking, possession or use of marijuana, narcotics, other illicit drugs, or prescription drugs not prescribed for the individual, alcohol, weapons or participation in sexual activity. While at the Academy or participating in any program sponsored or conducted by the Academy, participants shall at all times act in a responsible and respectful manner and shall be subject to the rules and regulations of the Academy. All damages caused or cost to transport a participant home if expelled from an Academy event shall be the responsibility of the individual named herein. The Academy hereby reserves the right to search all participants' personal belongings at the discretion of Academy personnel.

My photograph may be taken while participating in this event. I hereby consent to the use of these photographs by the Academy for promotional purposes.

I declare under penalty of perjury that I have read and fully understand the importance and effect of this document and have voluntarily signed this document without duress and under my own free will.

I state that I am in good/normal health, have no physical or mental handicaps that have not been previously advised and fully disclosed to the Academy and am able to engage in all available activities except as noted under Restrictions or Modifications above. Unless noted above, I certify that I am not presently taking any prescribed medications.

I hereby give permission to the physician or other medical personnel to at my sole cost, attend to, hospitalize, secure proper and ongoing treatment and to order injections, medications, anesthesia, or surgery for me. I am aware that this form may be photocopied for use by medical caregivers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date