

Send completed form to: JFCS, 707 Alexander Rd, Suite 102, Princeton, NJ 08540 attn: Celeste

Participant Name: _____ Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Parent E-mail: _____

Emergency Release

I hereby authorize the Gesher LeKeshet staff, including staff of Jewish Family & Children's Service to authorize emergency medication treatment for my child if I cannot be reached at the time of a medical emergency.

Parent Signature: _____ Date: _____

PR Release

I hereby grant Jewish Family & Children's Service (JFCS), Gesher LeKeshet and the Gesher LeKeshet partner agencies to use my likeness in a photograph or other digital reproduction, recordings, or written statements in any and all of its publications, websites, and social media, without payment or any other consideration. I understand this authorization is for the purpose of public relations and marketing activities.

I understand and agree that these materials will become the property of JFCS and will not be returned. I hereby irrevocably authorize JFCS and Gesher LeKeshet and their partner agencies to edit, alter, copy, exhibit, publish or distribute photos for the purpose of publicizing its agency and programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or Digital copy, where my likeness appears. Additionally, I waive any right to royalties or other compensation for such use. I release JFCS, its employees and Gesher LeKeshet and their partner agencies and their respective employees, faculty, staff, volunteers, partners, affiliates, officers, directors, trustees, agents, successors, and assigns, from all claims arising out of such use, including claims of blurring, distortion, or alteration in any processing of final work. I hereby hold harmless and release and forever discharge JFCS and Gesher LeKeshet and their partner agencies and their respective employees, faculty, staff, volunteers, partners, affiliates, officers, directors, trustees, agents, successors and assigns from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent Signature: _____ Date: _____

Technology Release

I give Gesher LeKeshet and Jewish Family & Children's Service of Greater Mercer County permission to *group text message my son/daughter Geshet LeKeshet meeting/outreach reminders.

*Group text messages show cell phone number of all participants including teens and advisors.

_____yes, please provide cell phone number _____

_____no

Signature of Parent _____ Date _____

Signature of Teen _____ Date _____

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Permission Slip

I, _____, give permission to my son/daughter, _____ to
Name of Parent Name of Student
attend ALL Gesher LeKeshet events throughout the 2018-2019 academic year.

The locations of the events may include, but are not limited to: The Jewish Center of Princeton, Beth El Synagogue, Har Sinai Temple, JFCS of Princeton, Center for Jewish Life (Princeton University Hillel), Adath Israel, Suzanne Patterson Center and the West Windsor Senior Center.

I understand that my son/daughter will remain at the event until its conclusion, unless I notify the advisors or staff of JFCS.

- I understand that my son/daughter may receive transportation from other Geshet LeKeshet students, parents and/or staff.
- I understand that my son/daughter may drive other students to events and may be in a carpool with other students.
- I understand that my son/daughter may walk or ride a bicycle.

I further understand that Jewish Family & Children's Service of Greater Mercer County (JFCS) accepts NO responsibility for my child while he/she is in a vehicle with another student or parent, nor when my child is transporting other students, walking or riding a bicycle and JFCS does not agree to indemnify me for any legal liability arising out of such transportation arrangements.

In consideration for Geshet LeKeshet's sponsorship of these events, we hereby agree to release Geshet LeKeshet, JFCS and their partner agencies and each of their respective employees, faculty, staff, volunteers, partners, affiliates, officers, directors, trustees, agents, successors and assigns ("Indemnified Parties") from any and all claims for damages that we might otherwise be able to assert as the result of any injury or loss of any kind sustained by us arising from our son's/daughter's participating in such event(s), except that such release shall not include a release for any intentional or reckless acts or omissions of any one or more of the Indemnified Parties.

To the fullest extent of the law, we further agree to defend, indemnify and hold harmless the Indemnified Parties from any and all claims, costs, or liabilities of any kind (including, but not limited to, reasonable attorneys' fees and costs) arising from our son's/daughter's participation in said events, including but not limited to those claims arising from the provision of transportation to or by us or our son/daughter to or from said events, including any such claims which may be made by us or by, through or on behalf of our son/daughter, and even where the party asserting such claim or liability alleges negligence or other misconduct, in whole or in part, by any one or more of the Indemnified Parties. This indemnification obligation, however, shall not require us to indemnify an Indemnified Party for any claims, costs or liabilities adjudicated to be due solely to the intentional or reckless acts or omissions of that Indemnified Party.

By signing below, I have read the above statements and I understand them. I have spoken with my son/daughter and he/she understands the statements above.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____