



WASHINGTON HEBREW CONGREGATION RELIGIOUS SCHOOL

Consent & Liability Waiver

11810 Falls Road, Potomac, MD 20854 & 3935 Macomb Street NW, Washington, DC 20016

I, _____ (parent/guardian) am the parent or legal guardian of _____ (minor child). As lawful consideration for my child being permitted to participate in the activities of the Washington Hebrew Congregation Religious School (the "School"), including, without limitation, any transportation provided to my minor child by an employee, officer, director, volunteer, agent or servant of the School (each, an "Authorized Person"), I agree that neither my minor child nor I, nor our respective heirs, assigns, personal representatives or estates, may or will make any claim against, sue or attach the property of the School or of any Authorized Person for damages by reason of death, personal injury, accident, illness or property damage which I or my minor child may sustain as a result of his or her participation in these activities. This release is intended to discharge in advance the School and all Authorized Persons from and against liability, including for negligent acts or omissions, except liability arising out of willful or wonton misconduct by such Person. I further attest that my child is physically fit and has no known medical conditions which would inhibit his or her participation in such at the School and all Authorized Persons.

Should it be necessary for my minor child to have medical treatment while participating in the School activities while under the supervision of an Authorized Person, I give permission to such Authorized Person(s) to use their judgment in obtaining medical services and I give permission to the physician selected by such Authorized Person to render medical treatment as such physician deems necessary or appropriate. I understand the School may not carry insurance covering such medical or hospital costs and agree that any such costs shall be my sole responsibility.

My Child's Physician's Name: _____ Phone Number: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND THE SCHOOL AND ITS EMPLOYEES, OFFICERS, DIRECTORS, VOLUNTEERS AND AGENTS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Parent's Signature: _____ Date: _____

If you do not understand this form, please contact: Steven Jacober, WHC Executive Director at 1-202-362-7100.