



B”H

National Teen Shabbaton  
COMBINED PERMISSION; RELEASE, WAIVER OF LIABILITY AND  
INDEMNITY AGREEMENT; AND EMERGENCY MEDICAL/CONTACT  
INFORMATION

Teen’s Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

In case of emergency contact:

1) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name and phone number of primary treating physician:

\_\_\_\_\_

Allergies (including medications teen can NOT take)/Special Health Concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization to Obtain Urgent or Emergency Medical Care**

As the parent(s) or legal guardian(s) of \_\_\_\_\_ (name of teen), I/we give permission for CTeen, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

Medical Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Participant ID Number: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_

**Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement**

I/we give permission for \_\_\_\_\_ (name of teen) to participate in the activities and trips of CTeen’s National Teen Shabbaton. In consideration of the opportunity of my/our child to participate in the activities of CTeen’s National Teen Shabbaton, I/we release CTeen, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child arising from my/our child’s participation in the activities of the National Teen Shabbaton; and i/we agree to indemnify and hold forever harmless CTeen, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child arising from activities of the National Teen Shabbaton or resulting from traveling to or from the activities.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

**Photo Permission**

I/we understand that my/our child may be included in photographs and video footage that may be filmed during the trip. I authorize CTeen to use these photos/videos to promote its programs and services in print, web, and other promotional contexts.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian