LIABILITY RELEASE & HOLD HARMLESS AGREEMENT

I give my child , _____, permission to participate in taking transportation to **NFTY Southern Spring Kallah** at Jacobs Caamp in **Utica, MS**, leaving on **Friday, March 8th, 2024** and returning on **Sunday, March 10th, 2024**. I understand that participation in the **NFTY Southern Spring Kallah** requires travel to and from **Utica, MS.**

For good and valuable consideration receipt of which is hereby acknowledged, including my child being allowed to participate in utilizing provided bussing to and from **NFTY Southern Spring Kallah**, I hereby release, discharge, and hold harmless Touro Synagogue, its employees, teachers and staff, approved adult drivers and/or chaperones, and their collective and individual agents, heirs, assigns and representatives (collectively, "Released Parties"), from any and all liability, damages, losses, costs, or claims of any kind whatsoever, to or incurred by me, my child, or other person on or affiliated with the **NFTY Southern Spring Kallah**. I understand that this Liability Release & Hold Harmless agreement specifically and expressly includes without limitation such liability, damages, losses, costs, or claims alleged to be caused by the negligence, another individual attending the **NFTY Southern Spring Kallah**, a third-party, an unknown person or cause, and/or by one or more of the Released Parties.

I understand that the terms of this Liability Release & Hold Harmless Agreement are inclusive of the Medical Release below, and all times and events relating to the **NFTY Southern Spring Kallah** including travel to and from.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE TERMS OF THIS LIABILITY RELEASE & HOLD HARMLESS AGREEMENT.

Signature and Date:_____ Print Name: _____

Guardian Signature and Date:_____Print Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Release

I authorize designated chaperones to obtain medical treatment on my behalf should the need arise. I further give my permission to the physician selected to hospitalize, secure proper treatment for, and order injections, anesthesia, and surgery for me, as named above, in the event that an emergency contact cannot be reached..

_____   _____

Name (Print)   Signature and Date