

**Camp Kehillah  
Osher Marin JCC  
Release of Liability and  
Parental Consent for Treatment of a Minor**

I request and authorize that my child be allowed to participate in the Summer Camp program of the Osher Marin Jewish Community Center (“JCC”). I understand that the JCC does not provide any accident or health coverage for its members or guests. I further understand that it is the responsibility of every individual participant, his or her parents, or his or her legal guardian to provide for his or her own accident or health coverage while participating in all JCC activities. In the event of an emergency or need for medical treatment, and I cannot be reached, I authorize the Executive Director of the JCC or his/her authorized representative to consent to any medical treatment and/or hospitalization rendered to my child. I understand and agree that I will be responsible for the cost of such medical treatment.

I understand and fully accept that there are risks of physical injury involved in some camp sports and activities, and that accidents and injuries are common and ordinary occurrences of camp sports and activities. In consideration of my child being allowed to participate in JCC activities and programs, I hereby, on behalf of myself and my child, waive, release, relinquish and hold harmless the JCC and their agents and representatives, group leaders or group chaperones from any and all claims of loss, injury or damage to myself or my child, whether the result of active or passive negligence or other legal fault, which may now or hereafter occur and whether on or off the JCC premises, arising from or related to my child’s participation in or presence at the JCC Summer Camp. My child has permission to ride in any necessary transportation arranged by the Osher Marin JCC. I grant permission for my child to participate in all summer camp activities and I hereby authorize the JCC to use photographs, videos, likenesses or testimonials of my child for JCC marketing purposes unless otherwise indicated in writing. My child has permission to go on all field trips and camp overnights.

I acknowledge and agree that this general release of liability and consent is binding upon me personally as well as in my capacity as the parent or guardian of my child, and on my heirs, personal representatives, successors and assigns.

I have read the above Release of Liability & Parental Consent for Medical Treatment of a Minor and grant permission for my child's participation with such understanding and agreement.

Camper’s Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_  
Camps your child is attending: \_\_\_\_\_

