

**DEPARTMENT OF YOUTH ACTIVITIES  
THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM  
PACIFIC SOUTHWEST REGION  
CONSENT, AUTHORIZATION AND RELEASE**

“USYer/Kadimanik”: \_\_\_\_\_, a minor.

Date of Birth: \_\_\_\_\_

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is provided to the Region's Department of Youth Activities, ("USY"), headquartered in Encino, California, in connection with the Scheduled Activity. This Consent extends to and includes the United Synagogue of Conservative Judaism and all of its respective agencies, departments, regions, and authorized employees, agents and volunteers.

1. The USYer has Parent's consent to attend and to participate in the Scheduled Activity. There are no limitations or restrictions of any kind whatsoever in such participation unless checked here, \_\_\_\_\_ (AND FULL EXPLANATION IS ATTACHED).
2. The USYer has been instructed, and understands and agrees, to comply with all rules, regulations and the Code of Conduct established by USY and the official instructions and directives of all authorized staff members, volunteers, agents and employees of USY ("Personnel"). All references to YOU or YOUR mean USY and its Personnel.
3. YOU, acting as the Parent's authorized agent and at Parent's sole cost and expense, are expressly authorized to engage appropriate health care providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under the circumstances, if YOU are not able to timely contact Parent for instructions. There are no exceptions or limitations to the forgoing, unless checked here \_\_\_\_\_ AND SPECIFIC WRITTEN INSTRUCTIONS ARE ATTACHED.
4. Unless checked here, \_\_\_\_\_ AND SPECIFIC WRITTEN INSTRUCTIONS, DIRECTIONS OR OTHER DATA TO THE CONTRARY, ARE ATTACHED, YOU may rely on our representation that the USYer has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the Scheduled Activity.
5. I expressly release and indemnify YOU, and hold YOU free and harmless, from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with acceptance and participation of my USYer in YOUR- scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of YOUR intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.
6. Parent represents to YOU that the undersigned Parents have sole, full and legal power and right to execute this Consent, and acknowledges that YOU will be relying on Parent's representations and statements, and on the information supplied by Parent.
7. If this consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.

**The undersigned, respectively, declare under penalty of perjury under the laws of the States of Arizona, California, Nevada, New Mexico and Utah that they have read and fully understand the importance and effect of the foregoing Consent, Authorization, and Release; that they have obtained such advice from an attorney and from a licensed physician as they deemed necessary to their complete satisfaction; that they have retained a true copy of this document; and that they have voluntarily signed this document on \_\_\_\_\_, 20\_\_\_\_\_.**

Signature of "USYer/Kadimanik" \_\_\_\_\_

\*Signature of "Parent" \_\_\_\_\_

\*Signature of "Parent" \_\_\_\_\_

**\*Both Parents' signatures are requested. In the event of separation or divorce, only signature of the Custodial Parent is required.**