

# Parent Consent Form

Religious School Education Program PK – 7th & High School Experience for Teens 8th- 12th  
2024-2025 ~ 5785

Please be sure to save form before emailing it as an attachment to Monica Hernandez at  
[hernandez@beth-david.org](mailto:hernandez@beth-david.org)

## Release of Liability

Participation in any activities and use of any recreational facilities while on the Congregation Beth David grounds involves a risk of accidental injury despite all safety precautions. I/we as parent(s) or guardian of the participant(s) assume all risks and hazards incidental to the activities, and release from any responsibility and all liability, claims, costs, damages including attorney fees, and agree to indemnify and hold harmless the teachers, volunteers, aides and all employees for any illness, injury or damage to me or my children or family members occurring during, my/his/her/our, participation in any activities, or use of any recreational facilities, on the Congregation Beth David grounds.

Parents/Guardian Name (Print): \_\_\_\_\_, \_\_\_\_\_

Signatures: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trip Authorization

I/we give my/our child \_\_\_\_\_ permission to attend any Congregation Beth David sponsored field trips during the school year 5785 (2024-2025). I understand that field trips will be adequately supervised, transportation will be arranged either by parent carpools, school buses, or walking, and that I will be informed beforehand of all such trips. In case of emergency, I/we hereby give permission to the director of Congregation Beth David's education programs or their representative to authorize the administration of health care services to my child(ren) by a physician or other professional health care provider, hospital, paramedic, nurse etc. I understand that Congregation Beth David assumes no responsibility for the payment, adequacy, or quality of service rendered by the physician or other health care providers selected in such an emergency.

Parents / Guardian Name (Print): \_\_\_\_\_, \_\_\_\_\_

Signatures: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_

## Photo/Screen Capture Release Form

The complete collection of Education Program photos/screen captures will be kept on a secure, password protected site. However, on occasion Congregation Beth David may include a few selected photos/screen captures (no name included) of students in the following: local newspapers, video, Beth David and school internet sites, the Beth David publications, local Jewish publications, or other communication tools that promote Beth David's education programs.

Please indicate your preference regarding use of your student's photo/screen capture in the manner described above.

Yes, my student's photo/screen capture (with no name) may be used for the purposes explained above.

No, my student's photo/screen capture MAY NOT be used for the purpose explained above.

Parents/Guardian Name (Print): \_\_\_\_\_, \_\_\_\_\_

Signatures: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_



CONGREGATION  
BETH DAVID

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