



YACHAD
BECAUSE EVERYONE
BELONGS

YACHAD, THE NATIONAL JEWISH COUNCIL FOR DISABILITIES
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Liability Waiver for Yachad Events

In consideration of the right for me/my child/guardianee to participate in Orthodox Union/Yachad events including, without limitation, sports activities, water park activities, amusement parks, exercise activities (collectively, the "Events") I hereby agree as follows:

I am aware that I will be held responsible for any damage to public or private property that Yachad states that I/my child/guardianee caused and agree to fully reimburse all parties involved.

Yachad may provide over-the-counter medication (Tylenol, Advil, Kaopectate, Benadryl, etc.) as deemed necessary. Yachad may administer prescription medication when directed. I understand that this does not require Yachad to provide medical treatment. I have advised Yachad of any over the counter medications which may not be administered to me/ my child/guardianee. I certify that I/my child/guardianee/guardianee are fully capable of participating in all activities associated with the Events and that I/my child/guardianee has no unreported difficulties that would restrict full participation. I understand that in case of emergency, every reasonable effort will be made to contact me or my emergency contact. If we cannot be reached, I give permission to the physician or EMT selected by Yachad to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself/my child/guardianee. I agree to reimburse immediately and/or accept primary financial responsibility for the total cost of all medical care provided to myself/my child/guardianee. **By signing below, I release said medical personnel, Yachad and the Orthodox Union, their respective officers, directors, trustees, affiliates, agents, employees, independent contractors, consultants, advisors, vendors, volunteers, licensees and assignees (collectively "Releasees" and each a "Releasee") from and against every claim, loss, damage and liability or responsibility, including, without limitation, reasonable attorneys' fees and costs, arising from any decisions made in the obtaining and rendering of medical assistance and treatment for myself/my child/guardianee.**

In the event that Yachad provides transportation for myself/my child/guardianee to the Events, I indemnify Yachad from any liability that may come as a result of Yachad providing transportation for myself/my child/guardianee.

I acknowledge and am willing to assume and accept any risks associated with my/my child/guardianee's participation in any aspect of the Events, and I agree that the terms of this waiver will likewise bind me, my child/guardianee, my heirs, legal representatives, and assignees. I release and will defend, indemnify, and hold harmless the Releasees from every claim and any liability that I or my child/guardianee may allege against the Releasees (including reasonable legal fees and costs), to the maximum extent permitted by applicable law, as a direct or indirect result of harm to me/my child/guardianee while I/s/he is in the care of Yachad.

This waiver shall remain in effect until such time as I advise Yachad otherwise in writing.

Name of Participant _____

Name of Guardian _____

Signature of Guardian _____ Date _____