

Joyce Zeff Israel Study Tour Parent Consent, Waiver & Release Form

PARENT CONSENT, WAIVER, RELEASE FORM AND LIMITED POWER OF ATTORNEY

This form must be signed by each custodial parents and properly notarized. Keep a copy for your records. A Notary Public is available at JEWISHcolorado; please call to schedule an appointment.

The undersigned is (are) the parent (parents) (legal guardian) of _____, age _____, hereinafter referred to as Student or Applicant, who has made application to participate in the Joyce Zeff Israel Study Tour (IST), which includes pre-trip programs, workshops, and the five-week trip to Poland and Israel, sponsored by JEWISHcolorado, the Rocky Mountain Rabbinical Council, and participating congregations in the Colorado area. The Applicant and his/her family understand that, when necessary, JEWISHcolorado may consult with its partners, i.e., professional staff at the applicant's synagogue and JEWISHcolorado regarding any part of the application.

Applicant and his/her parents(s) hereby authorize JEWISHcolorado, its affiliates and sponsors to use photographic images (still and video), and written or oral reflections of Applicant for any non-commercial purpose, including future promotional materials regarding IST.

The undersigned has consulted a physician of the undersigned's choice and has been advised by said physician that the Student is in good health, does not suffer from any physical or mental ailment or disability which requires any medical or surgical care or treatment which would make the Student's travel to or from or sojourn in Poland and/or Israel and/or participation in the Joyce Zeff Israel Study Tour program hazardous, unwise, unwarranted or a potential source of danger to the Student or others who may travel, house with, or participate in this program with the Student.

The undersigned does not have any information or knowledge as to the Student's physical or mental condition that the undersigned has not disclosed to said physician.

The undersigned acknowledges that the leaders of the Joyce Zeff Israel Study Tour reserve the right to require participants, including the aforementioned Student, to withdraw from the tour if the acts or conduct of such individual are deemed detrimental or incompatible by said leaders to the safety, interest, harmony, comfort, or welfare of the tour and the other participants therein.

Applicant and his/her parent(s) understand and acknowledge that: 1) international travel in general, and travel to Israel in particular, is inherently uncertain; 2) the IST experience entails physical activities in an extremely hot, desert environment; 3) despite every effort to ensure the safety and security of every participant on IST, there is a possibility that Applicant could suffer injury or even death as a result of unforeseen circumstances; and 4) JEWISHcolorado, its affiliates and sponsors are not responsible for any itinerary changes, trip cancellations, injuries or accidents caused by unforeseen circumstances and events during the trip.

The undersigned acknowledges that the Student shall be required to abide, at all times, by the rules and regulations of the tour program and of the leaders and staff thereof.

The undersigned authorizes and directs the tour leaders and staff thereof to exercise their best judgment in seeking and obtaining medical aid or hospital care, including surgery and anesthesia, should the same be indicated or required in the event of the illness or accident or injury to the Student while participating in the tour.

The undersigned also acknowledges that if for any reason, the Student will be required to withdraw from the tour, no refund shall be made. Should JEWISHcolorado, in its sole discretion, determine that the applicant can no longer participate on the trip for any reason, including mental, physical, interpersonal relations, rules violations, etc., there will be no refunds whatsoever, and Applicant's family shall be responsible for any additional expenses required to send Applicant back to his/her home. Additionally, the undersigned acknowledges that any such travel outside the group will not be escorted.

The undersigned hereby releases and discharges JEWISHcolorado, the Rocky Mountain Rabbinical Council, the tour agency, the sponsoring congregation of the student, the agents, representatives, tour leaders, staff, and any other persons participating in the planning or conducting of the tour, from any liability or responsibility for loss, injury, or damage to the person or property of Student, arising out of or in connection with the tour, including transportation to and from Poland and/or Israel, traveling and touring within Poland and/or Israel, preparatory seminars and retreats in the Denver and or Boulder area, resulting directly or indirectly from air travel, transportation by bus, taxi, boat, or otherwise, acts of governments or authorities, wars, whether declared or not, civil disturbances, strikes, riots, thefts, epidemics, custom regulations, or otherwise, resulting in the illness, accident, or injury to the Student. The undersigned acknowledges that travel to and in Israel assumes additional risks from terrorist attacks and unstable political situations. In the unlikely event that students must be evacuated from Israel, the undersigned acknowledges that the evacuation of students without staff accompaniment may be necessary.

The undersigned acknowledges that the tour program may provide Student with an opportunity to visit with relatives or friends while in Israel. The undersigned authorizes the Student to visit such relatives or friends during specified times and approves the Student's visits. At all times during these visits, the Student will abide by the rules and regulations of the tour program and will comply with the procedures established by the tour leaders and staff.

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MEDICATION POLICY

All participants in the IST program who take prescription medication must: 1) provide a list of medication(s) to JEWISHcolorado in advance of departure, 2) sign in the presence of a notary, this waiver; 3) bring duplicate prescriptions on the trip in the event that medications are lost and need to be replaced, and be responsible for retaining these duplicates during their trip, 4) carry their own medications and be responsible for those medications while on the trip; 5) include all medications and prescriptions in carry-on baggage during any international flight; 6) be responsible for self-administering any and all medication.

It is the policy of JEWISHcolorado that all IST participants who take prescription medication not only be able to self-administer their medications, but also be responsible for doing so. In the event that a prospective IST participant cannot adhere to this policy, JEWISHCOLORADO and the family will attempt to arrive at a suitable alternative. It is the sole discretion of JEWISHCOLORADO to determine whether an exception to this policy is feasible and appropriate. If an alternative accommodation proves inoperative or if a student's condition worsens, it is the discretion of JEWISHCOLORADO to send the student home. Parents should note that the return travel will be at their expense and the student will not be escorted. Any costs/expenses associated with any individual accommodation will be the sole responsibility of the IST student and his/her parents, and will be paid in full prior to trip departure.

I/we understand that it is the policy of JEWISHcolorado that all IST participants are responsible for self-administering medication, which he or she may have been prescribed. I further understand that JEWISHcolorado is not responsible for the storage of such medication or for assuring the participant does in fact take such medication at such times and in such amounts as medically prescribed.

I/we understand that IST participants will not engage in prohibited activities including, but not limited to, entering bars or discos, hitchhiking, driving a vehicle, gambling, tattooing, and/or piercing.

I/we hereby certify that, to the best of my/our knowledge, all forms, including the personal medical form is complete in all its details and acknowledge that any condition, mental or physical, that Applicant may be found to have, which originated prior to arrival in Poland/Israel, and which is not described in full on the application, or in any accompanying letter, may be due cause for rejection from IST and Student's return to the U.S. at the family's expense, or treatment in Poland/Israel at the family's expense. I/we understand that the medical coverage provided to the Applicant does not include dental treatment or eyeglasses, including contact lenses. All medications that are taken regularly are at the family's expense and have been fully detailed in the application or in attached letters.

I/we give permission for JEWISHcolorado personnel to contact and discuss with physicians, mental health professionals, school officials noted on the application regarding any illness, treatment plans or medications listed on this application.

In the event of injury or illness to our child/ward, _____, born _____, I/we authorize the representatives of the Joyce Zeff Israel Study Tour to secure whatever treatment is deemed necessary, including the administration of an anesthetic and surgery.

_____(please initial) I/we give permission for JEWISHcolorado personnel to contact and discuss with appropriate professionals at our synagogue all matters related to the Applicant's history as well as any disciplinary matters for the duration of the IST trip.

We have read and agree to comply with the policies and agreements stated above.

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____

STATE OF COLORADO.
City and County of _____

On this _____ day of _____, 20____, before me personally came and appeared

_____, to me known to be the individual(s) that he/she executed the same.

NOTARY PUBLIC
My commission expires on _____.

DATE

