LIABILITY WAIVER

I/my minor child, _____, wish/es to participate in the **Jewish Educational Alliance Babysitter's Certification Course** to be held at **5111 Abercorn Street in Savannah, Georgia 31405 on December 20th and 21st from 9a-2p**.

I am aware that participation in the activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate. IN CONSIDERATION OF MY/MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY RELEASE AND DISCHARGE THE JEWISH EDUCATIONAL ALLIANCE , AND ALL OF THEIR EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS ("RELEASEES") FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY/MY CHILD'S PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

As the minor's parent/guardian, I hereby consent to his/her participation in the activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the Jewish Educational Alliance permission to seek medical attention for my child. BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENTS.

_____ Participant's Parent/Guardian
_____ Printed Name of Parent/Guardian

_____ Date

I understand that I/my child may be photographed during the course of the activity. I grant full and unlimited permission to the Jewish Educational Alliance, and their agents and affiliates to use my/my child's image or any other record of participation in this activity in any broadcast, telecast or other account of the activity for publicity purposes, without compensation, by placing my initial here._____

EMERGENCY INFORMATION (to be provided by parent/guardian of minor participant)

Please indicate how we can reach you in an emergency:

Parent/Guardian Name: _____

Daytime Phone: _____

Cell: _____

Physician: _____

Email: _____