

**THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM – MIDWEST REGION  
DEPARTMENT OF YOUTH ACTIVITIES – CHUSY REGION**

**601 SKOKIE BOULEVARD, SUITE 402**

**NORTHBROOK, IL 60062**

**847. 714.9130**

**847.714.9133 FAX**

**CONSENT, AUTHORIZATION AND RELEASE**

RE: \_\_\_\_\_, a minor (“USYer or Kadimanik”)

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

THIS CONSENT, AUTHORIZATION AND RELEASE (“Consent”) is provided to the Department of Youth Activities of The United Synagogue of Conservative Judaism, headquartered in Northbrook, IL in connection with CHUSY Regional Activity (“Scheduled Activity”).

1. The Minor has my consent to attend and to participate in Scheduled Activity. There are no limitations or restrictions of any kind whatsoever on such participation unless checked here\_\_\_and an explanation is attached.
2. The Minor has been instructed by me, and understands and agrees to comply with all rules, regulations and Code of Conduct established by USY/KADIMA and the official instructions and directives of all authorized staff members, volunteers, agents and employees of USY/KADIMA (“Personnel”). All references to “you” or “your” mean USY/KADIMA and its Personnel.
3. You, acting as my authorized agent and at my 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 me for instructions. There are no exceptions or limitations to the foregoing, unless checked here\_\_\_\_ and specific written instructions are attached.
4. Unless checked here\_\_\_\_and I have attached specific written instructions, directions or other specific data to the contrary, you may assume that the Minor has no medical disabilities, allergies or other limitations of any kind whatsoever that may limit participation in the Scheduled Activity.
5. I expressly release and agree to indemnify 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 the acceptance and participation of the Minor in the Scheduled Activity. The foregoing Release is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by the Minor or by my failing to disclose pertinent information to you.
6. I represent to you that I have sole, full and legal power and right to execute this Consent, and acknowledge that you will be relying on my representations and statements, and on the information supplied to me.

7. If this Consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF ILLINOIS THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE: THAT I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN AS I DEEMED NECESSARY, TO MY COMPLETE SATISFACTION: THAT I HAVE RETAINED A TRUE COPY OF THIS DOCUMENT: AND THAT I HAVE VOLUNTARILY SIGNED THIS CONSENT ON \_\_\_\_\_, 20\_\_\_\_\_.

**Signature of Parent**

\_\_\_\_\_

revised 2/00