

Beth David WAFTY Permission Form Waiver

I _____, the parent of _____ (“my child(ren)”), give permission for my child to attend the Beth David WAFTY Youth Event at Dave & Buster’s on Saturday, May 21, 2022 from 5:00 – 9:00 pm.

I understand that personal injury can and may occur to my child, and I hereby authorize Oliver and/or Cheron Bartee, the Youth Trustees, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Beth David Youth Program, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

The travel arrangements to and from the event will not provided. Therefore, I am responsible for the drop off and pick up of my child(ren).

I agree and consent to all the above stated.



(Parent’s Name – Print)

(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number for the Day of the Trip)

Bring the day of and/or email this form to cheronbartee@templebethdavid.org