

FAR WEST REGION USY
THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
TRANSPORTATION & MEDICAL FORM

ATTACH
CURRENT PICTURE
LESS THAN 2
YEARS OLD

Please take a few minutes to complete this Transportation Consent, Medical Release and Medical History Form. This form must be submitted to the USY Regional office every September for each USYer/KADIMANIK in the Region. **No one will be permitted to attend Regional functions without this form on record.**

TRANSPORTATION CONSENT

I acknowledge and accept USY's policy to use licensed drivers over the age of 18 at all times. With full understanding of this policy and the risks involved, I give permission for _____ ("my USYer/Kadimanik") to ride in a properly insured vehicle driven by a licensed driver over the age of 18. If there is a shortage of licensed drivers over the age of 18, I do ___ do not ___ (place your initials in desired space) give my consent for my USYer to ride with a licensed driver under the age of 18.

If there is a shortage of licensed drivers over the age of 18, I do ___ do not ___ (place your initials in desired space) give my permission for my USYer, who does have a valid driver's license, to drive other USYers during an event. His/her vehicle is in good working order and is covered under a liability insurance policy.

MEDICAL RELEASE

I consent and give permission for my USYer to attend and participate in all planned trips and activities arranged by Far West Region USY for which he/she is registered. I certify that my USYer is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, as my agent and at my sole cost and expense, to engage appropriate healthcare 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.

RELEASE AND INDEMNIFICATION

I expressly release and indemnify you, 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 acceptance and participation of my USYer in your scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.

_____/_____
USYer/Kadimanik's Parent/Guardian (Signature) Date

_____/_____
USYer/Kadimanik's Parent/Guardian (Signature) Date