

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully, and be aware that in signing this you will be waiving and releasing all claims from injuries, including death or loss, that might occur or be sustained during field trips or related activities during the school year.

I, _____, hereby release the Peoria Hebrew Day School,
(Parent/Guardian's Name)

it's officers, employees, volunteers, and drivers of any liabilities incurred to my

child, _____, on all field trips or related activities incurred
(Student's Name)

during field trips.

Please note that information about field trips and other activities will appear in the PHDS Newsletter or a note may be sent home. If you do not wish for your child to be included in a particular activity, it will be your responsibility to notify the Day School office of your decision. Otherwise, your child will be included in the activity and this form will be in effect.

Signature _____ Date _____

PERMISSION FORM

Name of Student _____

I give permission to Peoria Hebrew Day School to use my child's photograph and school work for school publicity purposes and/or school sanctioned activities. I also give permission for my child to use a school approved email address. The email address will be used for school purposes ONLY. Email privileges can be revoked at anytime by a school official. Miss use of school email may result in disciplinary action.

Signature of Parent

Date