



Jewish Community Center of Metropolitan Detroit

GUEST PERMISSION AND LIABILITY AGREEMENT FOR MINORS

I, _____, request that the Jewish Community Center of Metropolitan Detroit (JCC) admit onto its premises, under the supervision of JCC member _____, the following minor child of the undersigned parent or legal guardian.

CHILD 1

Full Name _____ Date of Birth _____
 Address _____ City, State, Zip _____

CHILD 2

Full Name _____ Date of Birth _____
 Address _____ City, State, Zip _____

CHILD 3

Full Name _____ Date of Birth _____
 Address _____ City, State, Zip _____

I understand and agree that there are risks of significant injury to children, whether caused by the children or someone else, in their use of or presence on JCC premises. I understand and agree that these risks of injury, harm or damage, including but not limited to economic, property, emotional, mental, physical or any other type of damage including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death or other forms of pain or suffering. On my own behalf, and on behalf of each of the minor child named above, I fully understand, voluntarily accept and specifically assume the risks of injury to the child.

On my own behalf, and on behalf of each of the minor child named above, I agree to release and discharge from all liability, and waive all claims, demands and actions against the JCC, its instructors, employees, associates, affiliates, agents, vendors and volunteers for any and all injuries, harms or damages sustained by any of the children in connection with their use of or presence on the premises, or their use of facilities, equipment, services, programs or activities within or outside the JCC, resulting or arising from the negligent acts or omissions of the JCC, or the negligent acts or omissions of me, any of the children, other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold the JCC harmless against any and all claims brought by anyone against the JCC related to such injuries, harms or damages. I furthermore give my consent and authorize the JCC and/or the sponsoring member to seek medical attention and treatment for my child.

By signing this agreement/waiver, I certify that I have thoroughly read, fully understand and voluntarily accept and agree to its terms.

PARENT OR GUARDIAN

Name (*please PRINT*) _____ Email _____
 Signature _____ Date _____
 Address _____ City, State, Zip _____
 Phone: Cell _____ Work _____ Home _____

JCC MEMBER

Name (*please PRINT*) _____ Membership # _____
 Signature _____ Date _____

JCC STAFF MEMBER

Name (*please PRINT*) _____ Date _____