

Custodial Waiver for NCSY Events

As legal guardian, I hereby grant permission for _____ to attend the NCSY sponsored event named HORROR NIGHTS on October 27-28, 2016. My child and I are familiar with the NCSY standards of conduct (see www.NCSY.org/Standards) and we understand that if my child violates the standards or does not exercise good judgment in his/her behavior at the event, NCSY has the right to dismiss my child without refund and discuss any disciplinary problems experienced at the event with the administration of my child's school at NCSY's discretion. I am aware that I will be held responsible for any damage to public or private property that NCSY states my child caused and agree to fully reimburse all parties involved. I further acknowledge that NCSY, at its discretion, may request that my child voluntarily undertake a non-physician administered test for drugs and alcohol, and that refusal to take such a test voluntarily or a positive result obtained from such a test will also serve as grounds for immediate dismissal. In the event of my child's dismissal, I acknowledge that it is my responsibility to secure immediate transportation home for my child at my sole expense. In the event I am unable to secure immediate transportation, I grant permission for NCSY to arrange transportation at my sole expense. I consent to this transportation even if unchaperoned and I agree to fully reimburse NCSY for any expenses incurred within one week of the event.

Concerning my child's medical needs, NCSY may provide over-the-counter medication (Tylenol, Advil, Kaopectate, Benadryl, etc.) as deemed necessary. I understand that this does not require NCSY to provide medical treatment. I have advised NCSY of any over the counter medications which may not be administered to my child. I certify that my child is fully capable of participating in all activities associated with this event, and that my child has no unreported physical or mental disabilities or infirmities that would restrict full participation. I understand that in case of emergency, every effort will be made to contact me or my emergency contact. If we cannot be reached, I give permission to the physician or EMT selected by NCSY to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I agree to reimburse immediately and/or accept primary financial responsibility for the total cost of all medical care provided to my child.

I acknowledge and am willing to assume and accept any risks associated with my child's participation in any aspect of this event, and I agree that the terms of this waiver will likewise bind me, my child, my heirs, legal representatives, and assignees. I release and will defend, indemnify, and hold harmless the Orthodox Union, NCSY, its directors, owners, agents, employees, and volunteers ("releasees") from every claim and any liability that I or my child may allege against the releasees (including reasonable legal fees and costs) as a direct or indirect result of harm to my child while s/he is in the care of NCSY.

I grant permission for NCSY to use in their promotional materials any photograph or video images of my child which may be taken at the event and I accept that NCSY will not be responsible for any "lost and found" items that remain unclaimed after 30 days.

Signed: _____

Printed Name: _____

Date: _____

****For your child to attend the event, this waiver must be sent to the NCSY Southern Office by FAX: (866) 887-5787 or emailed to Lillian at southernwaivers@ncsy.org.**

The phone number of the Southern office is (866) 887-5788.

If necessary, you may also email a clear bright picture of the waiver in ACTUAL SIZE.