



The Louis August Jonas Foundation

152 Madison Avenue, Suite 2400
New York, NY 10016

Tel: 212.686.1930
Fax: 212.981.3722
www.lajf.org
www.risingsun.org

LOUIS AUGUST JONAS FOUNDATION PERMISSION/HOLD HARMLESS FORM

Participation: I hereby grant permission for _____ to visit the campuses of the Louis August Jonas Foundation and participate in all activities from (date) _____ through (date) _____.

I give permission for my child to participate in all activities including but not limited to: field trips and to be transported as authorized by the LAJF. I give permission for the LAJF to use any pictures/images of my child, including video, for future promotional purposes.

I understand that on an average retreat day, my child will be accounted for periodically and I consent to these supervision practices and give my approval.

The undersigned recognizes the fact that no benefits are derived by the Louis August Jonas Foundation (LAJF) by allowing the undersigned to attend or participate; the undersigned assumes all risk inherent in such activities and agrees to hold the LAJF, its employees, and facilitators harmless from any and all claims and costs related to the undersigned's activities or attendance during the programs, trainings, and community service projects.

I understand that part of the retreat experience involves activities and interactions that may be new to my child. Such activities and interactions come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the rules of the Louis August Jonas Foundation. I support the LAJF Code of Conduct, policies, and procedures.

LAJF, its employees, officers and agents, are not responsible for any damage to or loss/theft of property, or personal injury arising from participation in programs during the retreat.

Medical Treatment: I hereby give permission that my child may be given emergency treatment by a qualified staff member of the LAJF. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I give permission to the medical personnel selected by the Louis August Jonas Foundation to order X-rays, routine tests and treatment for my child. In the event that I cannot be contacted, I further give my consent to the licensed

Parent/Guardian's signature of consent for this page: _____

(Please continue on next page.)



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physician selected by the Director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. This form may be photocopied. If malaria is endemic to my child's country of origin, I give permission for any non-emergency medical screening that may be required by the Dutchess County Health Department in New York.

Legal Jurisdiction: It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Dutchess County, New York, USA, and shall be construed in accordance with the laws of New York.

Transportation: I understand that I am responsible for my child's transportation to and from the Louis August Jonas Foundations campus, and I have communicated such arrangements to the LAJF staff. I give permission for my child to use a taxi service for his/her transportation from any train station to and from the LAJF campus. I also give permission for my child to be transported as authorized by the LAJF during the weekend.

_____ I have read and understand the above, and I acknowledge such with my signature.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

Name of Student _____