

Parental Release – STAND Sleep-In '09 Form for Non-CJHS Students
October 17-18, 2009 / 8:45 p.m. – 8:00 a.m.
Rabbi Ruven Barkan: 224-628-4528

Date/time _____ Student Name _____
 Address _____
 Phone _____ Cell Phone _____ Other _____
 Emergency information _____

PARENT Please read and initial each paragraph showing your consent:

_____ I give my son/daughter, named above, permission to participate The STAND Sleep-In on October 17-18. Keys and cell phones will be held by
initial the chaperone. Students cannot leave the event unless we are directly notified by the student's parent/guardian

_____ I accept the responsibility that my child will conform to rules established by the Chicagoland Jewish High School staff members in charge, I/we
initial agree to accept full responsibility for the implications of such circumstances and all related costs, including without limitations, reimbursing
 Chicagoland Jewish High School for all costs.

_____ I have read and understand the CJHS Substance Abuse Policy as stated below.
initial

_____ I/We hereby authorize the Chicagoland Jewish High School staff to seek **medical and/or surgical emergency** assistance for my/our child if required
initial including without limitation giving my/our permission to the medical staff selected by the Chicagoland Jewish High School staff to secure proper
 treatment for and to order injections, anesthesia, surgery, or similar measures for my/our child and to pay all related expense. CJHS will make every
 effort to contact me first at the emergency numbers listed above.

_____ To the fullest extent legally enforceable under the laws of the State of Illinois, I/We also hereby fully release and discharge Chicagoland Jewish High
initial School, its agents, Board of Directors, Fiduciaries, consultants, Directors, staff and legal counsel and employees (collectively, its "Representatives")
 from any and all claims from **injuries, damages or loss** which may occur or which may accrue to my child on account of his/her participation in the
 events sponsored by Chicagoland Jewish High School to which I hereby consent.

_____ To the fullest extent legally enforceable under the laws of the State of Illinois, I/We further agree to indemnify, hold harmless and defend
initial Chicagoland Jewish High School and its Representatives from any and all claims or costs resulting from injuries, damages, and losses sustained
 by my child and arising out of, connected with, or in any way associated with this program for which **I/we consent by signing this form below.**

 Parent/Guardian signature Parent/Guardian printed name Date

STUDENT Please read and initial each paragraph showing your consent:

Substance Abuse Policy

CJHS Substance Abuse Policy

_____ Smoking, drugs, alcohol, and paraphernalia are not permitted on the school grounds or at
initial school sponsored events. The use of drugs or alcohol is against the law. Firearms, knives or
 other explosive devices may not be brought onto school property. A zero tolerance policy is
 strictly enforced.

_____ I understand that I will be "locked in" until 8:00 a.m. when the program ends.
initial

I have read and agree to adhere to the policies stated above.

Student guest signature _____ Date _____

Student guest printed name _____