



Yeshiva University Men's Open House Shabbaton

November 17th-19th 2017

PARTICIPATION FORMS

MUST BE COMPLETED AND SIGNED BY STUDENT AND PARENT IN INK

Student's Name: _____

Address: _____

Phone Number: () _____ Date of Birth: _____ / _____ / _____

Email Address: _____

High School: _____ Year: FR SO JR SR

In case of emergency please call: Name: _____

Phone: () _____

Relationship to participant: _____

Parents' Names: _____

Home Address: _____

Home Phone Number: _____

Father's Work Number: _____ Cell phone number: _____

Mother's Work Number: _____ Cell phone number: _____

HEALTH INSURANCE

Health Insurance Name: _____ Health Insurance Phone Number: _____

Doctor's Name & Phone Number: _____

Dentist's Name & Phone Number: _____

Please note all medical problems or allergies below:

PLEASE SIGN IN INK

Signature of Student: _____ Date: _____



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To be completed by participant's parent or guardian

YESHIVA UNIVERSITY FULL RELEASE, WAIVER of LIABILITY and INDEMNITY AGREEMENT FOR VISIT TO YESHIVA UNIVERSITY WILF CAMPUS

Legal Name of Visitor: _____

Address of Visitor: _____

Phone Number of Visitor: _____

Re: VISIT TO YESHIVA UNIVERSITY WILF CAMPUS FROM NOVEMBER 17th TO NOVEMBER 19th 2017 (the "Visit")

I hereby grant permission for my child to visit the Yeshiva University Wilf Campus in Manhattan (the "Campus") and sleep in its residence hall. I recognize that the Visit is subject to, among other things, my execution of this Release, Waiver and Indemnity.

In consideration for permitting the Visit, I on behalf of my child, agree that neither Yeshiva University nor any of its schools, divisions or affiliated entities or any of their respective trustees, committee members, officers, employees, students, agents or representatives (collectively, "YU") assume any responsibility for damages to or loss of my child's property, illness or injury, or death resulting from the Visit, and further forever and absolutely waive and release YU against any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which may arise from the Visit, including, but not limited to, claims resulting from injury, illness, death, monetary loss or property damage, or claims resulting from any first-aid treatment or other medical services rendered to my child in connection with any emergency or health problem during the Visit. I also agree to defend, indemnify and hold harmless YU from and against any and all liability, claims, lawsuits, judgments, losses, damages and expenses arising out of any financial obligations or liabilities that my child may personally incur or any damage or injury to my child's property, or to the person or property of others that my child may cause, during the Visit.

I, on behalf of my child, freely assume any risk associated with or arising out of the Visit. I understand that I am responsible for any damage my child may cause to YU and/or its facilities.

Though YU is not required to order such treatment, I authorize any YU staff to order medical or surgical treatment deemed necessary for my child in the event I cannot do so myself. I assume all risks associated with, or arising from, any such medical treatment, and I agree to waive any and all claims which I may assert against YU for such medical treatment, and to defend, indemnify and hold harmless YU from and against any and all liability, claims, lawsuits, judgments, losses, damages and expenses arising therefrom.

IN SIGNING THIS RELEASE, WAIVER AND INDEMNITY, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS ENTIRE DOCUMENT AND FULLY UNDERSTAND ITS TERMS; THAT I FULLY UNDERSTAND THAT BY SIGNING IT **I AM RELINQUISHING SUBSTANTIAL LEGAL RIGHTS I MIGHT OTHERWISE HAVE**; AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY. I ACKNOWLEDGE THAT I HAVE HAD AN OPPORTUNITY TO CONSULT WITH COUNSEL OF MY CHOICE PRIOR TO SIGNING THIS RELEASE, WAIVER AND INDEMNITY, AND UNDERSTAND AND AGREE THAT THIS RELEASE, WAIVER AND INDEMNITY WILL BE BINDING UPON ME AND MY PERSONAL REPRESENTATIVES, HEIRS, NEXT OF KIN AND ASSIGNS.

Signature of Parent/Guardian: _____ **Print:** _____

Date: _____

Name and Phone Number of Emergency Contact: _____

I will abide by all instructions given by YU staff and comply with all YU policies. I will use and occupy only assigned rooms; comply with room visitation rules; not permit unauthorized persons to enter rooms; not smoke in rooms; not bring weapons of any sort onto the campus; not possess or use illegal drugs; not possess or consume alcoholic beverages on campus; not bring pets or animals into rooms; not burn candles or incense in rooms; refrain from changing furniture arrangements in rooms; properly dispose of garbage; and leave room in broom clean condition and vacate room on departure date.

Signature of Visitor: _____ **Date:** _____