

**West End Synagogue Religious School
Signature Page 2014 - 2015 (5774-5775)**

Print Name of Student _____

Print Name of Parent/Guardian _____

Photo Authorization and Release

I hereby expressly grant to West End Synagogue Religious school and its employees, agents, and assigns, permission to photograph me and my children and use it in published material, on the internet, television, or any other media now or hereafter known, for art, advertising, trade, or any other purpose connected with the marketing efforts of the school.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, willingly give my signature.

Signature of Parent or Guardian _____ Date _____

Phone Book

We publish a list of names, addresses, and phone numbers of students in each class. We distribute the list within the class and, on request, to other Nashville Jewish Organizations.

Please check here if you do NOT want your child listed.

Class Trips and Emergency Medical Treatment

I give my son/daughter permission to participate in class trips this school year 2012-2013. I hereby release the West End Synagogue, its agents and employees from any liability which may result from the participation of my son/daughter in the activity.

I also authorize the driver to designate a doctor to administer medical treatment in case of an emergency. (In case of an emergency, every effort will be made to reach the parent or the school.)

Signature of parent or guardian _____ Date _____

**We need this form on file for each student.
Please do not put more than one student's name on this form.**
Please fill out and return to: West End Synagogue Religious School
3810 West End Ave., Nashville, TN 37205.