

**Beit Miriam at West End Synagogue  
Signature Page 2018-2019 (5779)**

**How do you keep in touch with what's happening at Beit Miriam?**

**Please check your personal preference:**

- Email       Newsletter       Website       Facebook

**Print Name of Student 1:** \_\_\_\_\_

**Print Name of Student 2:** \_\_\_\_\_

**Print Name of Student 3:** \_\_\_\_\_

**Print Name of Student 4:** \_\_\_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_

**Photo Authorization and Release**

I hereby expressly grant to Beit Miriam at WES and its employees, agents, and as-signs, 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(ren) listed.

**Class Trips and Emergency Medical Treatment**

I give my son/daughter permission to participate in class trips this school year 2018-2019. I hereby release the Beit Miriam at 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 \_\_\_\_\_