



Rabbi Joel E. Soffin Founder
Sara Losch Program Director

BONIM BANIM: BUILDING YOUTH HOPKINTON, MASSACHUSETTS • AUGUST 16-23, 2009

RELEASE LETTER

Dear Bonim Banim Parents,

After reviewing these terms and conditions, please sign this letter and return it to the address below.

Comprehensive insurance coverage can only be guaranteed through arrangements that you make with your personal insurance agent prior to departure. We urge you to pay special attention to your insurance coverage, including health, accident and liability insurance coverage. Protect your child against the unexpected.

TERMS AND CONDITIONS

I understand that:

1. Comprehensive insurance coverage can only be guaranteed through arrangements that I make with my personal insurance agent prior to departure.
2. Neither Bonim Banim, Temple Shalom, the Barnert Temple, SMOC, or Temple Shir Tikva, nor any of their employees, agents or representatives shall have any liability for any loss or damage to my property or for any injury, damage, loss or expense resulting in any illness or accident.

AUTHORIZATION:

I, the undersigned, hereby authorize Bonim Banim, Temple Shalom, the Barnert Temple, SMOC, and Temple Shir Tikva (acting through their employees, agents or representatives) to act on behalf of my child, in case of medical emergency.

I hereby affirm that I have read the TERMS AND CONDITIONS set forth in this release letter, and that I will be bound by these TERMS AND CONDITIONS, and I and my successors, heirs and assigns, hereby release Bonim Banim, Temple Shalom, the Barnert Temple, SMOC, and Temple Shir Tikva, their employees, agents or representatives, from any and all liability.

DATE: _____

Parent/Guardian's Signature

(please print name:) _____

Send with Registration Application and Deposit or Payment in full to:
Jewish Helping Hands, c/o Rabbi Joel Soffin, 304 West 89th Street, Apt. 4a, NY, NY 10024.