



OHR REUVEN אור ראובן

Yeshiva Ohr Reuven Summer Program 5781/2021

Release of liability

Harav Bezalel Rudinsky
ROSH HAYESHIVA

Harav Benzion Brodie
S'GAN ROSH HAYESHIVA

LIMUDELKODESH

Rabbi Ari Medetsky
MENAHEL, MESIVTA

Rabbi Yosef B. Rawicki
MENAHEL, YESHIVA KETANA

Rabbi Y. Bentzion Bamberger
MASHGIACH

Rabbi Raphael Vilinsky
S'GAN MENAHEL, MESIVTA

GENERAL STUDIES

Mr. Boruch Rudinsky
PRINCIPAL, MESIVTA

Rabbi Yisroel Gottlieb
PRINCIPAL, YESHIVA KETANA
ASSOCIATE PRINCIPAL, MESIVTA

Rabbi Zev Fuchs
ASSISTANT PRINCIPAL, MESIVTA

EXECUTIVE DIRECTOR

Dovid Yoseph Berman

PRESCHOOL

Mrs. Feige Bessler
PRESCHOOL CONSULTANT

SPECIAL SERVICES

Mrs. Rachel Levinger
DIRECTOR, YESHIVA KETANA

In consideration of being allowed to participate in any way in the Yeshivas Ohr Reuven summer program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

(Name of Participant) _____

1. The risk of injury from the activities involved in this program; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation; and,
4. I, for myself and on behalf of my child, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Yeshivas Ohr Reuven, and its subsidiaries, their officers, officials, agents and/or employees, other participants, and, if applicable, owners and lessors of premises used for the activities ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____ INITIALS FOR PARENTS/GUARDIANS OF

PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

x _____ Emerg. Phone # (s) : _____ Date Signed: _____ PARENT/GUARDIAN'S INITIALS

YESHIVAS OHR REUVEN
The Lupin Campus
259 Grandview Avenue
Suffern, NY 10901
P. 845.362.8362
F. 845.352.9593
Mail@ohrreuven.com
Ohrreuven.com