



**FULL RELEASE**

The undersigned \_\_\_\_\_  
("Parents"), as the parents and/or legal guardians of \_\_\_\_\_ ("Child"), hereby  
acknowledge that the Child will be engaging Menucha volunteers and/or engaging in one or more  
programs of MENUCHA, INC., (the "Organization"). In connection with, and as a condition of,  
Child's participation in the Program, Parents hereby agree as follows:

1. Parents hereby grant permission for Child to participate in MENUCHA's Programs. Parents know the risks and dangers involved in any Program and are aware that unanticipated and unexpected dangers may arise during such Programs. Parents assume all risks of injury to Child that may be sustained in connection with the Program.
2. In consideration of the permission granted to Child by the Organization to participate in the Program(s), Parents hereby, on their own behalf and on behalf of Child, release, remise and discharge the Organization of and from all claims, demands, actions, and causes of action of any sort, for injuries sustained by one or more of Parents or Child and/or their respective property in connection with their participation in the Program(s) due to negligence or any other fault.
3. Parents represent and certify that they are fully authorized to enter into this FULL RELEASE on their own behalf and on behalf of Child. Parents hereby further represent and certify that Child's participation in the Program is voluntary, and that neither Parents nor Child are, in any way, the employee, servant, or agent of the Organization.
4. PARENTS HAVE (I) READ AND (II) FULLY UNDERSTOOD THE FOREGOING FULL RELEASE.

TO GIVE EFFECT TO THE FOREGOING, Parents have executed this Full Release as of this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
CHILD'S NAME



## Emergency Information

Family name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address : \_\_\_\_\_

I hereby give permission to Menucha, Inc. to obtain medical care for my child in the event of an emergency.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



## Photograph/Video Release Form

Child's full name \_\_\_\_\_

Your home address \_\_\_\_\_

\_\_\_\_\_

Your home phone number \_\_\_\_\_

By signing this document, I give my permission for the photograph/video of my child to be used by MENUCHA, Incorporated. My signature on this release form gives photograph release rights to MENUCHA, Incorporated. This release pertains to print as well as electronic media, including brochures, advertisements, annual reports, etc., and other materials used to promote MENUCHA, Incorporated.

**Accepted and approved as written:**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Child's full name: \_\_\_\_\_

At school child receives: (circle all that apply) OT PT SLP

School Child attends: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Does your child have behavioral issues? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies to food? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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My child can: full assistance	Independently	Needs minimal/moderate assistance	Needs
Cut/paste	_____	_____	_____
Color	_____	_____	_____
Eat	_____	_____	_____
Toilet (if trained)	_____	_____	_____
Walks (if mobile)	_____	_____	_____
Get dressed	_____	_____	_____
Enter/exit a car*	_____	_____	_____

\* Please note that Menucha uses the child's family vehicle to transport children who cannot enter and exit a vehicle completely independently. If your family vehicle is not equipped with a lift or other device which allows your child to enter and exit the vehicle with safety and ease, we regret that we cannot transport the child.