

Rick Recht Concert

Join NOAR BAS & bring a friend



Who? Jr. Group (5-7 graders) & Sr. Group (8-12 graders)

When? Wednesday, 12/16, 7:00 pm

Where? Temple Israel Center. We'll meet at TIC's entrance at 6:45 pm.

How much? \$10 for adults; \$5 for children 12 yrs and under

How? Send/fax/bring your signed permission form to Tami or to BAS office by Monday, 12/14. Bring \$\$ to purchase your ticket/s on 12/16 at TIC

Check out Rick's website www.rickrecht.com

For more info please contact tami@betamshalom.org. 946-8851 ext. 104

Bet Am Shalom Synagogue

295 Soundview Avenue

White Plains, NY 10606

Telephone: (914) 946-8851

Fax: (914) 946-0925

Permission Form

I hereby permit my child, _____ (PRINT NAME OF MINOR), to participate in:

Rick Recht Concert, at Temple Israel Center, White Plains

Release, Waiver & Indemnity Agreement

In consideration of permitting _____ (NAME OF MINOR) to engage in any activity or activity of Bet Am Shalom Synagogue in the city of White Plains in the State of NY, on the undersigned parent and/or guardian **hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring as a result of participation in any activities associated with the above event.**

In addition, the undersigned parent or guardian agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Bet Am Shalom Synagogue or its officers, agents, servants or employees, the undersigned parent or guardian **will indemnify and hold harmless Bet Am Shalom Synagogue and its officers, agents, servants or employees** from any and all claims or causes of action.

The undersigned parent or guardian represent that he/she has read this Release and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of parent/guardian: _____ Date: _____

Cell Phone: _____ For: (PRINT NAME OF MINOR) _____