



ICGC I'tikāf (Sleeping in Masjid) Form

Print Name: _____

Address: _____

City: _____ *State:* _____

Phone: _____ *Phone:* _____

If a Minor, Parent Complete:

I _____ (*Must be a Parent or Guardian if person named above is under the age of 18*), hereby acknowledge that I give permission for my child to participate in performing I'tikāf or staying overnight in the Masjid or on Masjid property at the Islamic Educational Council (IEC) located at 8092 Plantation Drive, West Chester, Ohio 45069.

Signature: _____ *Date:* _____

Minor DOB (date of birth): _____

Adult over age of 18 Compete:

I _____, hereby acknowledge that I will participate in performing I'tikāf or staying overnight in the Masjid or on Masjid property at the Islamic Educational Council (IEC) located at 8092 Plantation Drive, West Chester, Ohio 45069.

Signature: _____ *Date:* _____

Driver License # _____

MEDICAL RELEASE & PERMISSION FORM

Primary Medical Insurance Company: _____

Policy Number: _____

In case of Emergency, Contact: _____

Name	Relationship	Phone
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Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury or illness in consideration for IEC/ICGC accepting registrant for its Itikaf or overnight activities, I hereby release, discharge and/or otherwise indemnify IEC/ICGC, its employees and associated personnel, including the owners of fields and facilities utilized for IEC/ICGC programs, against any claim by or on behalf of the registrant's participation in for IEC/ICGC programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant ICGC/IEC and/or _____ permission to act as my surrogate for me/my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for me/my child.

I have carefully read this agreement and fully understand its contents. I am aware that this agreement is a waiver of my legal rights. I further acknowledge and agree that there are no warranties either express or implied, concerning the facilities, events or activities at the IEC/ICGC.

Signature: _____

(Must be signed by a Parent or Guardian if participant is under the age of 18)

Please Print Name: _____ *Date:* _____



ICGC I'tikāf (Sleeping in Masjid) Policy

The purpose of Itikaf is to devote oneself to Prayer and Worship. It is not meant to be a sleepover or social gathering. Please respect the Masjid as a holy place of worship and treat it with the care and respect it deserves.

- Sleeping in Masjid **only allowed the Last 10 nights of Ramadan**
- Anyone staying (even adults) all 10 nights must register by completing an ICGC Itikaf Form and present photo ID
- Anyone staying intermittent nights must register at masjid entrance with name, signature and phone number, on each night staying
- Youth under 18 must be registered by an adult for safety and curfew requirements
- Under 16 requires parent or adult chaperone
- No sleeping bags or blankets (due to limited space for prayer and it is the time for ibadat)
- Food and drink (except water) are NOT ALLOWED in Masjid
- Shower in the Community Center is only for use by men who are staying all 10 nights

The Islamic Center is growing, Masha'Allah. We need your cooperation to ensure that as we grow things run efficiently and effectively. Thank you for making our Center a wonderful place!

I have read the ICGC I'tikāf (Sleeping in Masjid) Policy and agree to abide by the policies therein.

Print Name: _____

Signature: _____ Date: _____



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-GUEST COPY-

KEEP THIS COPY