



Activity: Henna Workshop April 10-12, 2017

Name of Activity Participant(s): _____

Fee: _____ **Method of Payment:** **Cash** **Credit Card** **Check#** _____

Agreement to Release and Hold Harmless

I hereby acknowledge that I intend to participate in **Henna Workshop April 10-12, 2017**. I am voluntarily participating in this activity and hereby agree to accept any and all risks of injury.

I hereby agree to release the IEC/ICGC from any and all liabilities related to this activity or in transportation provided to or from this activity. I agree that I, my heirs, guardians, legal representatives, successors and assignees will not make a claim against, or sue the IEC/ICGC, its landlord, directors, officers, members, agents, representatives, employees, instructors, volunteers, successors or assignees, for any claim I now have or may hereafter have for death, injury or other loss resulting from my use of the facilities at the IEC/ICGC, whatsoever. In addition, it is understood that in case of any loss, any and all insurance that I have shall be primary.

Furthermore, to the fullest extent permitted by law, I agree to defend, indemnify & hold harmless the IEC/ICGC, its landlord, directors, officers, members, agents, representatives, employees, instructors, volunteers, successors and assignees, for and against any and all claims, damages, demands, suits, actions, causes of action, liabilities, losses, and expenses of every kind, whatsoever, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this Release.

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)

Print Name: _____ **Date:** _____

Address: _____ **Cell Phone:** _____

Emergency Contact (if different from above):

Name: _____ **Cell:** _____