



# ICGC Eid Carnival

## Release and Authorization for Activities on ICGC Campus

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child 1: Date of Birth: \_\_\_\_\_ Gender: Male / Female

Child 2: Date of Birth: \_\_\_\_\_ Gender: Male / Female

Child 3: Date of Birth: \_\_\_\_\_ Gender: Male / Female

Child 4: Date of Birth: \_\_\_\_\_ Gender: Male / Female

### IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### RELEASE

I hereby acknowledge that I intend to participate in activities with the aforementioned groups that will take place within a 10-mile radius of the Islamic Center of Greater Cincinnati (ICGC) Campus (8092 Plantation Drive, West Chester, OH 45069). I am aware that these activities have risks of loss, physical injury and even death and I am voluntarily participating in these activities with knowledge of those risks. I hereby release and discharge ICGC, its directors, officers, members, agents representative, employees, instructors, volunteers, successors and assignees from any claim I now have or may hereafter have resulting from my use of the ICGC facilities and equipment. To the fullest extent permitted by law, I agree to defend, indemnify and hold harmless ICGC, its directors, officers, members, agents, representative, employees, instructors, volunteers, successors and assignees, for and against any and all claims, demands, actions, losses and expenses of every kind in any way arising out of my activities under this release. I further acknowledge there are no warranties, express or implied, concerning the facilities, equipment or activities at ICGC.

### AUTHORIZATION

Furthermore, in case of injury, if I cannot be reached within a reasonable time, I authorize ICGC, and/or its agents or volunteers to obtain necessary medical treatment for my child (if under 18). I also assume the financial responsibility for any medical treatment for my child.

Participant Name (or Parent, if under age 18) PRINTED: \_\_\_\_\_

Signature of Participant (or Parent): \_\_\_\_\_ Date: \_\_\_\_\_