



ISLAMIC SOCIETY OF BALTIMORE YOUTH GROUP

Permission and Waiver Form

Participant's Name (list all):

1. _____ Date of Birth: _____

2. _____ Date of Birth: _____

3. _____ Date of Birth: _____

4. _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Email: _____

Home Phone: () Other Phone: ()

Program/Activity: _____ Date: _____

I hereby give permission for this/these youth to attend and participate in the above program, subject to its rules. I hereby release Islamic Society of Baltimore, and any of its agents and employees from any and all liability for claims or damages which might arise as a result of personal injuries or death received in conjunction with participation in the above program.

- I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnostic or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization.
- I hereby give permission for this youth to ride in any vehicle designated by Islamic Society of Baltimore and its agents in whose care the minor has been entrusted while attending and participating in this activity.
- I give permission for Islamic Society of Baltimore to use my child's image in any marketing publication or internet website.

Parent/Guardian Signature

Date