

Islamic Leadership Institute of America

Youth Event Participation Consent Form

PO Box 726, Clarksville, MD 21029 • 443.538.4121 • <http://www.islamicleadership.org/>

Parent's Authorization

I authorize my minor named below to attend the event listed below at ILIA. I understand that in the case of sports activities or outdoor activities there could be a possibility that my minor be injured. I also understand that on some remote trips medical services, phone services and other modern capabilities are usually not available. I hereby authorize an adult, in whose care the minor has been entrusted, to perform basic first aid procedures, and to contact medical emergency professionals in the case of any medical emergencies involving the minor below, and to consent to any medical, surgical, or dental diagnosis or treatment required, 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.

In cases of field trips and/or off-premises activities, I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this activity. I further understand that that in some activities ILIA would outsource transportation to registered transportation businesses such as bus companies and in other cases ILIA volunteers might provide transportation to program participants. I realize that ILIA conducts the reasonable due diligence in such arrangements, however can not fully verify volunteer, or contractor driving records.

I realize that ILIA will refund fees, or partial fees in case it can not perform its obligations for the specific program, except in cases involving external factors outside the control of ILIA such as inclement weather, governmental authority strikes, labor disputes, restrictions to travel, security requirements and emergencies, acts of war, terrorism, closed attractions due to government or authority orders, medical emergencies, or any other matter that ILIA has no control over.

I will ensure that my minor is (1) properly prepared for all activities including having proper clothes and equipment as explained in the program enrollment information; (2) is in good health; (3) is willing and able to participate, and follow the directions of program leaders.

I will ensure that my minor will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my minor's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on shared medium, without permission. I will also ensure that if my minor has prescription drugs accompanying him/her during the event to notify the event administrator and complete a medication management form.

I have read and understand the registration procedures, policies, and details in the registration page/ILIA's website pertaining to the program my minor is attending. I have completed applicable forms (registration & medical) and shared the code of conduct to my minor.

In the event my minor is photographed, filmed or recorded during program, ILIA may use the photo, film or recording for publicity, promotional or instructional purposes, in compliance with Islamic Shariyah, local and federal law. (Only if you do **not** agree to your minor being photographed, filmed or recorded, please initial here _____)

Authorizations and Signatures - Please complete this form and submit to ILIA prior to your minor's participation in the program.

By signing, I certify that the information I submitted is accurate and truthful, and that I agree to the disclaimer, requirements and all terms and conditions on this form. I further agree to release ILIA, its board members, officers, employees, agents, members and any donors from any claims, demands of action due to negative experiences, issues, problems, mishaps, accidents, injuries or any other reasons, outside of ILIA's control. I further certify that I read & understand all instructions above, and if I have questions will contact the event leader prior to signing the form.

Guardian Name	Guardian Signature	Relationship	Date
Minor Name (First Child)	Minor Name (Second Child) – if applicable	Minor Name (Third Child) – if applicable	
Name and Date of Activity			