

THIS IS A RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

As lawful consideration for the social, educational and/or recreational services extended to our minor children by Guidance Behind The Walls, Denver Islamic Cultural Center and MAS Youth Group. The undersigned hereby fully release, waive, discharge, and covenant not to sue, Guidance Behind The Walls, Denver Islamic Cultural Center and MAS Youth Group their board/owners, employees or agents from any and all liability, claims, damages, rights of action, or causes of action for injury or damages I or my minor children may incur resulting from or arising out of social, educational and/or recreational activities sponsored by Guidance Behind The Walls, Denver Islamic Cultural Center and MAS Youth Group. Even if caused by the negligence or other fault of Guidance Behind The Walls, Denver Islamic Cultural Center or MAS Youth Group.

I further agree to release, waive, discharge, and covenant not to sue, Guidance Behind The Walls, Denver Islamic Cultural Center or MAS Youth Group, their owners, board members, employees, or agents from any and all liability claims, damages, rights of action, or causes of action for injury or damages to myself or my minor child/children, resulting from or arising out of said minor child/children being transported in vehicles belonging to Guidance Behind The Walls, Denver Islamic Cultural Center and MAS Youth Group or in vehicles being operated by employees, volunteers, agents, or board members of Guidance Behind The Walls, Denver Islamic Cultural Center and MAS Youth Group on social, educational, and/or recreational trips or outings.

DO NOT SIGN THE RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Names of Minor Children
This Release Applies to:

Signature of Parents or Legal
Guardian This Release Applies to:

Print Name Date

Signature

Address

Are there any medical conditions that we, Guidance Behind The Walls or Denver Islamic Cultural Center, should be aware of: No ___ Yes ___ If so, Please describe in detail what said medical conditions(s) is: _____

In case of Emergency Contact _____
Phone Number _____