



Activity Registration and Liability Waiver Form

For all programs held on ICBC premises and / or associated with ICBC

This form must be filled out and signed by a parent or legal guardian for participants under 18 years of age.

Activity or Program: _____

Participant Name: _____ **Age:** _____

Home Address: _____

Street number

Apt number

City

State

Zip

Phone: (____) _____ - _____

Email: _____

Emergency contact information:

Name: _____ Phone number: (____) _____ - _____

Relationship to Participant: _____

LIABILITY WAIVER AND INDEMNIFICATION

I, the undersigned, warrant that I am in good physical condition and have no disability, impairment or ailment that would be adversely affected by participating in an active or passive physical conditioning program, whether supervised or unsupervised, or by use of ICBC facilities, equipment or services.

Further, I agree to indemnify, hold harmless and defend the ICBC, its Executive Board, administration, and Shura Council, the program instructor(s), individual members & volunteers, and all of its officials, employees, members and agents, for any loss, cost, damage, claim or other expense suffered or incurred that may arise during or be caused in any way by program activities or use or occupancy of ICBC property, including any loss or injury of any kind alleged to be the result of any negligence by ICBC, ICBC administration, instructor(s), individual members and volunteers.

I acknowledge this is a service provided by ICBC to the community and as such I assume full responsibility for any injuries or damages which may occur in, on, or about the premises of ICBC, or arising out of its activities, wherever it may be, including transportation to and from ICBC and its activities. I further grant permission to ICBC administration, instructor(s) or individual members and volunteers to provide emergency first aid and/or hospitalization in case of injury or illness as deemed appropriate by ICBC. Any medical expenses incurred for medical treatment shall be my responsibility.

Print Name: _____ Relationship to Participant: _____

Signature: _____ Date: _____