



Muslim Community Association of Ann Arbor and Vicinity

2301 Plymouth Road, Ann Arbor MI-48105
Web: www.mca-a2.org Phone: (734) 665-6772

Liability Release and Indemnification

Student name: _____ Date of Birth _____

Parents (s) name (s) _____

Field Trip to: _____

Itinerary: _____

I, the above named student (name and date of birth), have voluntarily decided to participate in the trip listed above. I acknowledge that the nature of this trip may expose me to hazards or risks that may result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I hereby accept all risk to my health and any risk of injury or death that may result from such participation and I hereby release **Muslim Community Association of Ann Arbor and Vicinity**, its governing board, officers, employees and representatives from any and all liability to for me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to me, including death, that may result from or occur during participation in the trip, whether caused by omission or commission of **Muslim Community Association of Ann Arbor and Vicinity**, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless **Muslim Community Association of Ann Arbor and Vicinity** and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from any act of omission or commission on the part of our student, any other student or person.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR INJURY OR DEATH OR DAMAGE TO PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITIES OR TRIPS AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY OUR CHILD'S NEGLIGENCE AND/OR INTENTIONAL ACT OR OMISSION.

Emergency Contact Information:

Relationship	Name	Cell phone

Student Signature: (for children 18 years or older) : _____ Date _____

The best contact number to reach: FatherMother:.....

Other.....