



ICNA MUSLIM FAMILY DAY

Parental Consent Form for Volunteer Application

(Required for those under 18)

I grant my child consent to participate as a volunteer at the Islamic Circle of North America's (ICNA's) Muslim Family Day 2008 event at Six Flags Theme Park. I understand that ICNA or Six Flags does not provide any Accidental or Medical Insurance and that I am financially responsible for all such expenses whatsoever. I am also aware of the inherent dangers of my child's participation and the risks involved in these activities.

In consideration of my child's volunteer participation, I agree on behalf of myself, my child, my assigns, executors and heirs to release, indemnify and hold harmless ICNA, their officers, employees, volunteers and their agents from any and all liability, damages or claim of any nature arising out of or in any way related to my child's volunteer activities including any act of omissions of any third party.

Medical Authorization

I give my permission to be treated by the staff at the Six Flags Theme Park, and by any medical professionals for medical illness and injuries, and to take emergency measures as they deem appropriate in the event that I cannot give my permission or the designated person cannot be notified.

In case of emergency, notify: (Name) _____ (phone) _____

Disclose any medical/physical information which emergency personnel should know:

Name of Child _____ Child's Date of Birth: _____

Child's E-mail Address: _____

Parent/Guardian Name: _____

Parent/Guardian E-mail Address: _____

I have reviewed and understand your online privacy protection policy available at <http://www.MuslimFamilyDay.org/privacypolicy.shtml> Yes _____ No _____

I consent to the collection, use and maintenance of personal information about my child for use with ICNA's programs. Yes _____ No _____

Signature of Child _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Mail this form to PO Box 2991, Garden Grove, CA 92842, or fax to (714) 333-ICNA (4262)