

# Riverfront Adventures Registration & Permission Form

Your child/ren will be participating at Riverfront Adventures at 20 Leibert Rd. Hartford, CT

(1) Student First Name:		Last:	
Date of Birth:			
(2) Student First Name:		Last:	
Date of Birth:			
(3) Student First Name:		Last:	
Date of Birth:			
Address:			
Home Phone:			
Father's Name:		Phone:	
Mother's Name:		Phone:	

CIRCLE ALL THAT APPLY:

Any Physical Handicaps? Yes/NO If Yes, Explain: \_\_\_\_\_  
 High Blood Pressure? Yes/NO If Yes, Explain: \_\_\_\_\_  
 Heart Disease? Yes/NO If Yes, Explain: \_\_\_\_\_  
 Lung Disease? Yes/NO If Yes, Explain: \_\_\_\_\_  
 Asthma? Yes/NO If Yes, Explain: \_\_\_\_\_  
 Other? Yes/NO If Yes, Explain: \_\_\_\_\_

### WAIVER

I affirm that my child/ren is/are in good health and I recognize the inherent risk of injury or disability in these activities, and I assume this risk with regard to my child/ren's participation I knowingly and voluntarily agree to assume all of the risks associated with my child/ren's participation and knowingly and voluntarily hold harmless, and waive any and all rights to initiate or maintain a lawsuit or otherwise seek or obtain any finding of liability against IAGH and any of their owners, operators, officers, employees, instructors, students, or agents.

Enclosed is \$ _____ to cover the cost (\$50 per child). (Exact cash or check made payable to Islamic Association of Greater Hartford) I give permission for my child/ren listed above to participate in the Riverfront Adventure experience. In case of emergency, I give permission for my child to receive medical treatment. In case of such emergency, please contact: Name _____ Phone _____  Parent/Guardian Signature _____ Date _____
--