ISLAMIC CENTER OF NORTHRIDGE

SCMCO, Joint Masjid Table Tennis Tournament, 2014

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

l,	(Name) wish to participate in SCMCO Joint Masjid Table
	& Sunday March 16 th , 2014 at Joseph Bae Table Tennis
Club, located at 200 South Harbor Blvd in Sai	nta Ana, CA 92704 California.
and release and all actions, claims, suits, or of sponsor, Islamic Center of Northridge, SCMC corporate affiliates, contractors, vendors, off kind (collectively "Release") arising from or ractivities. I understand that this Waiver, Releatings, that if I am injured or die as a result of any circumstances sue Releases or any of the or death. I agree to indemnify Releases or any	or death arising from or relating to the Activities and waive demands, of any kind or nature whatsoever against the CO, and all other participating organizations and their ficer, agents, sponsor, volunteers or representatives of any relating in any way to my voluntary participation in these ease and Indemnification agreement means, among other of these activities, I, and/or my family or heirs cannot under them for damages relating to or caused by participant injuries my of them, and their subrogee's if any, in the event of any gain any way to any participation in any of the Activities.
participants the right to use, reproduce and/	ISLAMIC CENTER OF NORTHRIDGE, SCMCO and other or distribute photographs, films, video-tapes, and sound ensation or approval rights, for use in materials created for
	nification Agreement, have asked and received answers to and execute it freely, without duress, and in full complete act that it may affect my legal rights.
Date: N	lame:
Signature:	
FOR PARTICIPANTS OF MINORITY AGE	
(UNDER AGE 18 AT THE TIME OF REGISTRATI	ON)
agree to his/her release as provided above o of kin, I release and agree to indemnify and h	ith legal responsibility for this participant, do consent and if all the Releases, and for myself, my heirs, assigns, and next hold harmless the Releases from any and all liabilities participation in these programs as provided above, EVEN IF allest extent permitted by law.
Name of Minor:	DATE:
Name of Guardian/Parent:	Signature:
Emergency Phone Number: ()	