

Request to use ICNEF Facilities for a Class

I hereby request to use the Islamic Center of Northeast Florida, Inc. (hereinafter referred to as the "ICNEF") facilities to conduct a _____ class (hereinafter referred to as the "CLASS") as per following schedule:

Date From: _____ Date To: _____ No. of Students Expected: _____

Days on which CLASS will meet: _____ Time: From _____ To: _____

I understand and accept the following conditions applicable to the said CLASS:

1. ICNEF is not the sponsor of the said CLASS, and has absolutely no connection or responsibility for the CLASS. ICNEF has agreed to let its facilities be used as a service to the community for conducting the said CLASS. ICNEF is not receiving any monetary or other compensation for the use of its facilities.
2. I, on behalf of myself, my personal representatives, and my heirs acknowledge and agree to hereby for ever release, waive, hold harmless, discharge, and indemnify ICNEF and its Board of Trustees, Trustees, Directors, Officers, Members, Employees, Agents, Contractors, Successors, and Assigns acting in any capacity whatsoever, from any and all claims, causes of actions, suits, debts, demands, losses or damages, arising in any way from any injury of any nature whatsoever that may be sustained by the Students, teachers, or myself.
3. I hereby confirm and agree to repair/reimburse the ICNEF for any damage that may be caused to the ICNEF facilities as a result of their use for holding the said CLASS.
4. I further agree that after each CLASS, the ICNEF facilities, inside as well as outside, will be absolutely clean before I leave the premises. **If I fail to do so, ICNEF will have the same cleaned at its expense and charge me twice the cost of such cleaning.**
5. I further agree to have a Waiver of Liability (ICNEF Form-4) signed by the parent/guardian of each student to be enrolled in the said CLASS. These original signed forms will be delivered to the ICNEF Secretary prior to the start of the said CLASS. Failing to do so, the ICNEF Secretary has the authority and is required to stop the holding of such CLASS.

Signature _____ Date _____

Name _____ Age _____

Address _____

If Applicant is younger than 21 years, then the Applicant's parent/guardian must also sign below.
I hereby confirm and agree to the above stated conditions.

Parent/Guardian: Name _____ Signature _____

Witness: Name _____ Signature _____