

**Request to use IALI (Selden Masjid) Facilities for a Class**

I hereby request to use the Islamic Association of Long Island, Inc. (hereinafter referred to as the "IALI") to conduct a \_\_\_\_\_ class (hereinafter refer 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. IALI is not the sponsor of the said CLASS, and has absolutely no connection or responsibility for the CLASS. IALI has agreed to let its facilities be used as a service to the community for conducting the said CLASS. IALI 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 IALI and its Board of Trustees, Directors, Members, Employees, Agents, 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 IALI for any damage that may be caused to the IALI facilities as a result of their use for holding the said CLASS.
4. I further agree that after each CLASS, the IALI facilities, inside as well as outside, will be absolutely clean before I leave the premises. If I fail to do so, IALI 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 (IALI Form-3) signed by the parent/guardian of each student to be enrolled in the said CLASS. These original signed forms will be delivered to the IALI Secretary prior to the start of the said CLASS. Failing to do so, the IALI Secretary has the authority and is required to stop the holding of such CLASS.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ (optional)

**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** \_\_\_\_\_