



## ING Teen Fellows Program Form

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent Contact Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Waivers

#### Part I: Permission to Participate

I have read the information concerning the fellowship program and give my child, \_\_\_\_\_, permission to participate in the program. I understand that my son/ daughter must meet the application requirements to be accepted into the program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Part II: Liability**

I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against Islamic Networks Group (ING) or their respective officers, employees, or representatives arising from injury or damages, including attorney's fees, that may result from my child's participation in the internship program. I further agree to indemnify and hold harmless ING or their respective officers, employees, or representatives from any claims, including attorney's fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the internship program.

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Signature of Parent/Guardian

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Date

**Part III: Transportation**

I hereby grant permission for my child to be transported in a motor vehicle driven by ING Staff members when deemed necessary. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

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Signature of Parent/Guardian

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Date

**Part IV: Photo Release**

I hereby grant ING permission to the rights of my child's image, likeness and sound of their voice as recorded on audio or video tape without payment or any other consideration. I understand that their image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of their image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

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Signature of Parent/Guardian

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Date

**Part V: ING Website**

I hereby grant my child's name, image and bio to be featured on a special webpage on the ING site titled 2017-2018 ING Teen Fellows.

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Signature of Parent/Guardian

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Date