



Children of Abraham Coalition

12-6 p.m., June 26-30, 2017

\$75

(Scholarships available upon request)

Peace Camp is a five-day camp for rising 6th- through 9th-grade Jewish, Muslim and Christian young people during which participants build friendships with each other while they learn about the richness of each other's religious traditions and develop skills for standing against faith-based prejudice and bullying.

The camp includes visits to a local church, synagogue and mosque, where religious leaders will give tours of their sacred spaces and lead activities that explain their rituals and teachings.

Apply today. Spots are limited. The camp will be balanced by religious tradition and age group. Participants will be notified by email if they have been accepted or put on a waiting list.

Children of Abraham Coalition

The Children of Abraham Coalition (COAC) is a non-profit interfaith organization formed in 2010 that includes representatives from several suburban Chicago Jewish, Muslim and Christian communities. Our mission is to educate others about the Abrahamic traditions, to be ambassadors for interfaith dialogue, and to continue to learn about and build relations between our religions as we work to fill the world with Salaam, Shalom, Peace.

Camp Schedule, Noon - 6 p.m. Daily

- **Monday** - Belmont Village, 500 McHenry Rd, Buffalo Grove
- **Tuesday** - St. Mary Catholic Church, 10 North Buffalo Grove Rd, Buffalo Grove
- **Wednesday** - Temple Chai, 1670 Checker Rd, Long Grove
- **Thursday** - Al Azhar Islamic Foundation, 160 Hawthorne Rd, South Barrington
(Meet in Belmont Village Parking Lot. A bus will transport participants to and from the mosque)
- **Friday** - Belmont Village *(Optional "Elder Wisdom" Morning, 10-11:30 a.m. - Intergenerational interfaith activity/discussion/prayer with Belmont Village senior residents. Participants' grandparents welcome.)*

Registration Information (Please Print)

Participant Name & Grade _____ T-shirt size _____

Many children are from interfaith families. How does your child identify religiously?

Why does your son or daughter want to attend the camp?

Parent Name/Mailing Address

Parent Email and Phone

Special Health Issues or Allergies (Please use the back if necessary)

Medical Insurance Carrier/Number

Parent Commitment

The Peace Camp is one way the Children of Abraham Coalition works for a more peaceful world where religious diversity is cherished. The Coalition believes that we build peace between faith traditions by building relationships where people of faith teach each other about the richness they find in their traditions, answer questions about their traditions and serve the forgotten together. We build peace between people of different traditions when we share our beliefs without debating or attempting to convert each other. Such relationships are even more important in a world where faith-based stereotypes and tension are on the rise.

As a parent / guardian, I commit to supporting the stated goals of the peace camp by speaking positively with my children about other faith traditions and promoting positive interfaith relationships. I understand that the Peace Camp does not promote evangelism or conversion efforts.

Signed _____

**Please send forms and check (or scholarship request) to
Children of Abraham Coalition, 4170 West Addison, Chicago, IL, 60641**

Peace Camp Waiver of Liability

Name: _____ Child's Name: _____
Address: _____ Child's Date of Birth: _____
_____ Child's Gender: _____
E-Mail: _____ Phone: _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of _____ (the "Minor") being permitted to participate in any way in *Peace Camp sponsored by the Children of Abraham Coalition* (hereinafter "The Activity"), I, in my capacity as the Minor's parent or legal guardian, on behalf of the Minor, myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue *The Children of Abraham Coalition***, its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity. ***I also give permission for my child to be transported by bus for camp activities when necessary.***

Signature of Parent or Legal Guardian

Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD *The Children of Abraham Coalition* HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I hereby certify that the Minor is covered by his or her parent's or legal guardian's own Medical Insurance. I further certify that I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily with the necessary legal authority to do so, and **intend, by my signature, that this document be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent or Legal Guardian

Date