

Mihraab Foundation Release Form

Etiquette

Treat others as you wish to be treated.

Liability

I understand that my/my child's participation in this event is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the event and I do authorize myself/my child to participate in the planned components of the aforementioned event.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under the Mihraab Foundation supervision. I further agree to indemnify and to hold harmless the Mihraab Foundation and any of the individuals and other organizations associated with the Mihraab Foundation in this participation from any claim or liability arising out of my/my child's participation in this event.

I also understand that participation in the event will take place in various properties; therefore, neither the Mihraab Foundation, its employees nor volunteers, will bare any responsibility for the condition and use of any non-Mihraab Foundation properties. I understand that the Mihraab Foundation is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a Mihraab Foundation organization supervised activity. I state that I have/my child has read and agrees to abide by the terms and conditions set forth in the Mihraab Foundation Release Form, and to abide by all decisions made by the organization's Board, Amir, volunteers, and those in authority. I agree that the Mihraab Foundation has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this event may at any time be terminated by the Mihraab Foundation in the light of my/my child's failure to follow these regulations, or for any reason which the Mihraab Foundation may deem to be in the best interest of an individual or the group, and that I/my child may be sent home at my/my child's own expense with no refund as a result. In addition, chaperones may alter event activities to ensure individual and/or group safety.

Waiver

Release

Release of Liability

I, for myself, assigns, heirs, next of kin acknowledge and those under my guardianship agree that I understand the nature of sports activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I believe these conditions to be unsafe, I will immediately discontinue further participation in these activities. I fully understand that sports involve risks and dangers of serious bodily injury. I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others and/or the condition in which the activities take place. I understand that there may be risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and responsibility for losses, costs and damages that I may incur as a result of the participation the activities. I hereby release, discharge and hold harmless the Mihraab Foundation, their respective owners, lease holders, administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors and advertisers from all liability, claims, demands, losses and/or damages caused, or alleged to be caused, in whole or in part by me or by my assigns, heirs, next of kin, and those under my guardianship. Furthermore, I will indemnify, save and hold harmless the Mihraab Foundation from any litigation expenses, attorney fees, loss, liability, damage, or costs which may be incurred as the result of such a claim. I understand that this form does not serve as a medical release. I understand that the maintenance of medical release information is the responsibility of the team coach or manager; if I need to complete a medical release form, I will contact the appropriate party. Furthermore, I also agree that participation grants the Mihraab Foundation and its agents the right to take and utilize photographs without any legal or financial obligation. I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Print Name: _____

Date: _____

Signature of Participant (or of Guardian if under 18):

Medical

The Mihraab Foundation will have someone who is licensed for BLS (Basic Life Support) on premises at all times of the event. I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation. I agree to disclose to Mihraab Foundation any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the outing. In the event of serious illness or injury to myself or my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the Mihraab Foundation team

and volunteers to act on my behalf as parent/guardian of my child/ward while participating not limited to but including the admittance to and release from a medical facility.

Please Circle One :

I/My child **DOES NOT** require medication during these trips.

I/My child **DOES** require medication during these authorized trips.

If you checked yes, please describe in the space below the type of medication and the required administration of the stated medication.

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again. Please provide the medication and its whereabouts in the event that it needs to be administered by a medical professional and/or Mihraab Foundation team member.

If the applicant is at least 18 years of age, the following statement must be read and signed by the participant:

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

Student Signature

Date

If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the participant.

I give permission for: _____ (Participant) to participate in all aspects of this event. (Date) _____

Parent/Guardian Signature _____ (Date)

The student, if at least 18 years of age, or the parent/legal guardian must complete the information below:

Print First and Last Name:

Address: _____

Telephone: (Cell) _____ (Home) _____

Emergency Contact's First and Last Name:

Relationship: _____ Emergency Contact's Telephone Numbers:
