

## MASJID HAQQ WAIVER FORM

Participant's Full Name: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address : \_\_\_\_\_

I recognize and acknowledge that there are certain risks of physical injury to participants, and I agree to assume the full risk of any such injuries, damages, or loss regardless of the severity which my child may sustain as a result of participating. I hereby fully release and discharge the Masjid Haqq, and its employees from any and all claims from injuries, damage, or loss which my child may have or which may occur to my child on account of my child's participation. I further agree to indemnify and hold harmless discharge Masjid Haqq, and its employees from any and all claims from injuries, damages, and losses sustained by my child and/or arising out of my child's participation.

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

\_\_\_\_\_  
Printed Name