

# MOSQUE FOUNDATION COMMUNITY CENTER (MFCC)

## Emergency Contact and Waiver Form

### Kids' Ramadan Program @ Universal School and MFCC



# Help us make it a safe and enjoyable Ramadan

I, the undersigned, give permission to my son/daughter -----to participate in the MFCC Ramadan Taraweeh Program for boys/girls (6-12 years) during the month of Ramadan.

Please note these important rules:

- Drop off time: no earlier than 9:45pm . Pick up time no later than 11:15 pm
- If your son/daughter uses rough language, swears, curses, participates in a fight, ditches Salah, uses the phone or any electronic device during salah, disrespects others, talks during salah or dars, or causes a damage to the facility, you will be called to pick him/her up and s/he will not be able to participate in this program for the whole month.

Child's Name: ..... Gender... M...F..... Age .....  In Case of Emergency: Call: ..... <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>Name</span> <span>number</span> </div>
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I, the undersigned, certify that I am an adult (I am not less than 18 years of age) and I am the parent / legal guardian of the child / participant to be enrolled in the MFCC programs and trips and I agree to the following:

I agree to and will hold harmless the MFCC, its shareholders, directors, officers, agents, employees, representatives, independent contractors, the owners of the property or real estate and the school where any activity is held, from any liability whatsoever and from any damages, losses, costs, medical expenses and from any other expenses. I agree to hold harmless each of them and I agree to release them from any liability in whole or in part for any accidents, illness, or injuries whether or not resulting in medical or dental expenses incurred from participation in this facility programs. I hereby release each of them from and against any and all damages, claims, costs, liabilities and injuries incurred while participating in any and all of the activities of the MFCC.

I agree to assume full and complete responsibility for any and all medical bills arising from said member's participation.

In the event of any injury or emergency, I authorize the MFCC to exercise its judgment in treatment of said participant by any medical authority. I also give the MFCC my permission to dispense any prescription medication to my child that he/she may bring to the center, as well as use any photos of my child for promotional purpose.

By signing this release and agreement I acknowledge that I have carefully read, fully understand and agree to all of its terms. I execute this waiver voluntarily and with full knowledge of its significance to be binding on myself, my heirs, executors, administrators and assigns.

I accept all terms stated above

Print name: ..... Signature:..... Date: .....

Parent or legal guardian