



Waiver of Participant by parent/guardian or self, photo release, and field trip waiver for recreational, social, educational or sport programs

Participant Name 1: _____

Participant Name 2: _____

Participant Name 3: _____

Participant Name 4: _____

Address: _____

Email: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone Number: (_____) - _____ - _____

Parent/Guardian Cell Phone Number: (_____) - _____ - _____

Emergency Contact Name: _____

Emergency Contact relationship to participant: _____

Emergency Contact Phone Number: (_____) - _____ - _____

Recreational, social, educational or sports programs for the year: _____

Waiver of Participant by parent or self: I hereby agree to release, discharge and hold harmless the Farmington Valley American Muslim Center, Inc., its Board members, Trustees, directors, officers, members, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child, or to whom I am a guardian for in the above year for listed activities arranged or organized by Farmington Valley American Muslim Center, Inc. or its affiliates. I understand that participation in any recreational, social, educational or sport activity involves risk, and I grant permission to the Farmington Valley American Muslim Center, Inc. to utilize any medical emergency services as it deems necessary to treat any injuries that I, my minor child or to whom I am a guardian for may incur. I further understand that the Farmington Valley American Muslim Center, Inc. does not provide insurance for recreational, social, educational or sport programs participants.

Photo Release: I understand that for promotional purposes the Farmington Valley American Muslim Center, Inc. or its designees may videotape and/or take photographs of participants participating in the activities, classes or programs. I hereby release and permit the Farmington Valley American Muslim Center, Inc. to utilize for said



promotional purpose any photographs and/or videotapes of me, my minor child or whom I am a guardian for that are engaged in the above listed year of recreational, social, educational or sport activities.

Field Trip Waiver: I recognize that there are real and inherent dangers in traveling significant distances, by air, bus, car, train or even while walking from or between different modes of transportation, particularly at this time. I fully understand and accept that the above listed participant may be subject to these dangers while traveling to and from the destination of the field trips, and while participating in the trip at that destination, and that his or her death or serious bodily injury may result. Despite these dangers, I hereby request that the above-named student be allowed to participate in the trip planned and all trip-related activities. I specifically consent to his/her participation, and waive any and all claims against the Farmington Valley American Muslim Center, Inc., its Board members, Trustees, directors, officers, members, employees, agents, contractors, and/or volunteers for any injury, including but not limited to death and serious bodily injury, that may result from any actions of any party who is not either employed by the Farmington Valley American Muslim Center, Inc. or within the direct control of the Farmington Valley American Muslim Center, Inc..

I also recognize that the situation in the United States of America and abroad is subject to rapid and unforeseeable changes, and that, in response to current conditions and/or changes in current conditions, the Farmington Valley American Muslim Center, Inc. may decide to cancel and/or alter any or all field trips. I understand that it is the exclusive right of the Farmington Valley American Muslim Center, Inc. to alter and/or cancel any or all field trips. I also understand that, if the Farmington Valley American Muslim Center, Inc. exercises its right to cancel or alter any or all field trips, I will be solely responsible for any and all lost deposits or other monies lost as a result of any such cancellation or alteration.

In addition, if the above-named participant requires any emergency medical procedures or treatments during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatments at his/her discretion. Nevertheless, any emergency plan and/or medication administration plan already established for participants will be followed.

Print Name

Signature of Parent/Guardian/Self

Date