



In the Name of Allah, Most Gracious, Most Merciful



Dar Al-Hijrah Islamic Center  
Permission and Waiver Form

Participant's Name (list all):

- 1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (        )                      Other Phone: (        )

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

Program/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for this/these youth to attend and participate in the above program, subject to its rules. I hereby release Dar Al-Hijrah,, and any of its agents or employees from any and all liability for claims for damages which might arise as a result of personal injuries or death received in conjunction with participation in the above program.

- I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization.
- I hereby give permission for this youth to ride in any vehicle designated by Dar Al-Hijrah and its agents in whose care the minor has been entrusted while attending and participating in this activity.
- I give permission for Dar Al-Hijrah to use my child's image in any marketing publication or internet website.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date