

ISLAMIC SOCIETY OF CENTRAL FLORIDA

Health & Waiver Form

Participant: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

Local Address (if different): _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Sex: _____

School: _____ Grade/Year: _____ E-mail: _____

Parent/Guardian Name: _____	Phone #: _____
	Cell #: _____

EMERGENCY CONTACT/PICKUP PERSON: Other than Parent/Guardian

1. Name: _____ Phone #: _____ Relationship: _____

Other Pertinent Health and Medical Information

The following information may be needed by any hospital or medical practitioner not having access to the Participant's medical history:

Allergies (Medicine, food, etc): _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical or Other Impairments: _____

Health Certificate Statement

I/We certify to the best of my/our knowledge that everything on this form is correct and the participant herein is in good health and not carrying any communicable diseases. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my/our permission to participate in the activities located on the Islamic Society of Central Florida property. I/we realize failure to disclose could result in termination of services. I/We also understand that it is my child's responsibility to bring and apply their own sunscreen. In the event of an emergency, I/We give permission to the Islamic Society of Central Florida to obtain medical treatment for my child if I/we cannot be reached. I/we assume all risks and hazards incidental to the conduct of the activities in which I am participating. As of this date, I have received and read the Islamic Society of Central Florida rules, policies and procedures or have been afforded an opportunity to do so. I understand and agree to abide by the rules, policies, and procedures stated therein. I also give permission for the use of photographs or recordings taken by the Islamic Society of Central Florida for brochures and marketing material.

Assumption of Risk, Release of Liability, and Release Agreement

1. I hereby agree that I, my assignees, my heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach to the property of the Islamic Society of Central Florida, Inc. the suppliers of any of the resources, facilities, or equipment that will be used in activities undertaken, for injury or damage resulting from the negligence or other acts, howsoever caused, by any principals, representatives, employees, agents, volunteers, or contractors of or other participant in the activities conducted on Islamic Society of Central Florida property..

2. I hereby release Islamic Society of Central Florida from all actions, claims, or demands that I, my assignees, my heirs, distributes, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any Islamic Society of Central Florida activities.
3. I hereby release and forever discharge Islamic Society of Central Florida from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or participation in Islamic Society of Central Florida activities.
4. I understand that Muslim Islamic Society of Central Florida does not carry or maintain health or disability insurance coverage for any volunteer. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT. FAILURE TO DO SO, IS AN ASSUMPTION OF RISK.
5. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision found to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release shall continue to be enforceable.
6. I AM AWARE THAT I SHOULD AVOID ANY HAZARDOUS ACTIVITY AND SHOULD CONVEY MY INABILITY OR INEXPERIENCE IN PERFORMING ANY ACTION WHILE VOLUNTEERING WITH ISLAMIC SOCIETY OF CENTRAL FLORIDA. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES ON THE ISLAMIC SOCIETY OF CENTRAL FLORIDA PROPERTY WITH THE KNOWLEDGE OF THE RISK OF HARM INVOLVED AND WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE IMMEDIATELY AVAILABLE IN THE EVENT OF INJURY. **I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.**
7. I UNDERSTAND THAT I AM RELEASING THE ISLAMIC SOCIETY OF CENTRAL FLORIDA FROM LIABILITY TO THE EXTENT ALLOWED BY FLORIDA LAW.

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND RELEASE AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ISLAMIC SOCIETY OF CENTRAL FLORIDA. I AM SIGNING THIS DOCUMENT OF MY OWN FREE VOLITION.

Executed at:

_____, Florida, on _____
 (Activity Site) (Date)

 (Participant's Signature)

Parental signature is mandatory for volunteers under 18 years old:

Executed at:

_____, Florida, on _____
 (Activity Site) (Date)

 (Parent/Legal Guardian - SIGN & PLEASE PRINT NAME NEXT TO SIGNATURE)