

# Wavier of Liability

AISR for academic year 2023-24

In consideration of my child's (or children's) participation in the As-Salam Islamic center (ASIC) I as parent or legal guardian of said child (or children), hereby agree to release, discharge, waive and hold harmless ASIC and their respective employees, agents, instructors, board members, volunteers, staff, leadership, owners or advisors for any incident, actions or conduct resulting in personal injury, accident, or illness to my child (or children) not limited to negligence, gross negligence and recklessness.

I expressly agree that the forgoing waiver of liability is intended to be as broad as is permitted by the laws of ASIC and if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read and voluntarily sign this waiver of liability and fully understand its contents and meaning as a full waiver of all claims, liability and indemnity against ASIC or any of its employees, agents, instructors, board members, volunteers, staff, leadership, owners or advisors.

**Parent's Signature**

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**Parent's Name**

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**Student Name (s)**

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**Date**

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# Medical Emergency Plan

The following medical emergency plans are established by ASIC.

1. For ordinary cuts and bruises a teacher or a staff member will apply first aid.
2. For other types of emergencies, a staff member with first aid training will administer first aid.
3. The school will contact fire and/or police for emergency service, if appropriate.
4. The school will contact the parents. If parents cannot be contacted, the below listed contact person(s) will be \_\_\_\_\_ contacted.
5. The school will arrange to transport students to emergency medical care by public emergency vehicle or parent/guardian vehicle.

**Student Name** \_\_\_\_\_  
**Student Name** \_\_\_\_\_  
**Student Name** \_\_\_\_\_  
**Student Name** \_\_\_\_\_

*For the above-mentioned child/children here are the **preferred** physician/clinic/dentist and preferred hospital.*

**Physician/Clinic** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State/Zip** \_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Dentist/Clinic** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State/Zip** \_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Hospital** \_\_\_\_\_

By signing below I/We give consent to transport my child by public emergency vehicle. The preferred hospital and dental care facility is indicated below. I/We will assume all financial responsibilities for medical /dental care associated with the emergency. I/We also give consent to transport the child to a medical care facility designated by the public emergency vehicle attendant or paramedic.

**Parent's Signature** \_\_\_\_\_  
**Parent's Name** \_\_\_\_\_  
**Date** \_\_\_\_\_

*Please list below two people to be contacted in the event of an emergency if the parents cannot be reached.*

|                     |       |                     |       |
|---------------------|-------|---------------------|-------|
| <b>Name</b>         | _____ | <b>Name</b>         | _____ |
| <b>Relationship</b> | _____ | <b>Relationship</b> | _____ |
| <b>Phone #</b>      | _____ | <b>Phone #</b>      | _____ |