

LIABILITY

Liability Waiver

As the parent/legal guardian of the afore mentioned minor(s), I hereby grant full permission to the All Dulles Area Muslim Society (ADAMS) School. I assume full responsibility for any injuries and damages which may occur to this student(s) on, in, or about the premises of the said school, or arising out of its activities, and do hereby fully and forever release and discharge ADAMS, its trustees, its school, and all associated with it, including teachers, administrators, and volunteers from any and all claims, demands, rights of action, or causes of actions, present or future, whether same, be known, anticipated, or unanticipated, resulting from or arising out of the student(s) participation in the program and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) in case of injury or illness as deemed appropriate by the school or a physician. Any medical expenses incurred for medical treatment shall be my responsibility.

Signature of Parent/Guardian

Date