



Assumption of Risk and Injury Waiver – Sports Activities

Child's Name: (First) _____ (Last) _____

Birthday: (month/day/ year) _____ Male/Female Main Phone _____

Parents name: (Mother) _____ (Father) _____

Contact Number: (Mother) _____ (Father) _____

Emergency Contact after Parent: _____ Ph _____ Relationship _____

Child's Physician Name: _____ Physician Phone # _____

OTHER MEDICAL CONDITIONS we should be aware of _____

We, the staff of IFS recognize our obligation to make our students and their parents aware of the risks and hazards associated with any sport. Students may suffer injuries, possibly minor, serious, catastrophic injury, paralysis, and even death. Any sport can be dangerous and lead to injury. I, the parent, understand that the supervising coach may call an ambulance for the above listed child should the coach deem this to be necessary. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction. IFS, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of this sport participation. With the above in mind, and being fully aware of the risks and possibility of an injury involved, I consent to have my child or children participate in any sport offered by IFS. I, my executors, or other representatives, waive and release all rights and claims for damages that my child or I may have against Islamic Foundation School (IFS) and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of any sport and injury. The parent should warn the child according to what the parents feel is appropriate.

I agree to release and hold forever harmless, Islamic Foundation, the instructor(s), students and all other participants of these sports activities, from any and all claims, damages, or liability of any sort, which I or co-signors (if any) may have or ever have in the future because of an injury or other damage I may receive as a result of being a student, participant or spectator in the practice of this sport. I recognize that the practice of sports may be potentially hazardous and acknowledge that I have been advised by the instructor(s) of the risks of injury and danger incident to instruction of this sport. I and co-signors (if any) hereby voluntarily agree to assume the results and consequences of those risks.

I represent and certify that I have the permission of my parents and/or guardians to participate in the stated activities, and that they have full knowledge thereof. I also represent that to the best of my knowledge I am physically able to commence instruction and I have the responsibility to make the instructor aware of any disability or illness that would impact my health or safety or the healthy and safety of other persons present.

I AND MY CO-SIGNORS (IF ANY) HAVE READ AND UNDERSTAND THE ASSUMPTION OF RISK AND INJURY WAIVER AND INTEND TO BE LEGALLY BOUND BY THIS AGREEMENT.

Student Name: _____ Student Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____