

ADAMS Waiver

Section A: Please provide information about the student

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

Date of Birth: _____ Gender: _____

Name of Mother/Guardian: _____

Name of Father/Guardian: _____

Home Phone: _____ Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's E-mail: _____

Father's E-mail: _____

Mother's Address: _____ City: _____ State: _____ Zip Code: _____

Father's Address: _____ City: _____ State: _____ Zip Code: _____

ADAMS Membership: Yes No Membership # _____

Medicine: _____

Signature: _____ Date: _____

ADAMS Liability Waiver Form

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

Signature of Parent/Guardian

Date