

Muslim Center of Middlesex County

Mailing: PO Box 505, Piscataway, NJ 08855-9949; Street: 1000 Hoes Lane, Piscataway, NJ 08854
Phone: (732) 463-2004; Fax: (732) 463-2057; Email: info@mcmcnj.org; Web: <http://www.mcmcnj.org>



Assumption of Risk, Waiver of Liability and Indemnification Agreement

I understand that participation in any volunteer work or programs (paid or non-paid) at the Muslim Center of Middlesex county could include actions that might be hazardous to me. I knowingly and freely assume all such risks. By signing below, I release the organization named above from any and all liability and damages that might arise in connection with the participation in the activity/tasks/sports (including excursions/travels arranged by MCMC). I agree to waive, release, forever discharge, and hold harmless the Muslim Center of Middlesex County (MCMC) or any other associated or related entities (their Imam, board members, other volunteers, employees, and/or other officials) for any and all claims and liabilities for personal injury, property damage or any losses or damages, arising from or in any way related to my participation in any of the activities/tasks/sports (including excursions/travels arranged MCMC) I participate in. If the Participant is a minor, my signature indicates that I, as Parent and/or Guardian of the Participant, give consent on behalf of the minor Participant to participate in the activity/tasks/sports (including excursions/travels arranged by MCMC). Further, I give permission for the above named organization to seek emergency medical treatment for the minor, if necessary. I agree to accept all financial responsibility associated with any such emergency treatment. I hereby confirm the foregoing release and waiver on my own behalf and on behalf of the Participant.

Furthermore, if I am teacher and/or leader of any program and/or sports/class/Halaqa at MCMC (paid or non-paid), I will make sure each participant signs one of this "Waiver and Release of Liability" form, otherwise, I take sole responsibility and/or liability for any loss/risk/harm he/she (minor or adult) may incur. I have read this release of liability and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial rights by signing it. I sign this form freely and voluntarily, without any inducement or coercion.

For the purposes of this Agreement, "liability" means any and all claims, demands, actions and causes of action whatsoever that Participant or Participant's heirs or personal representatives may have against the Muslim Center of Middlesex county (MCMC) because of accident, illness, injury or death that may be sustained by Participant during or by reason of the activities/task(s), or for loss or damage to any property belonging to Participant occurring during or by reason of the activities/task(s).

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall continue in full force and effect.

Name of Participant: _____

Signature of Participant: _____ *Date:* _____

If Participant(s) is a Minor:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ *Date:* _____

Photography Waiver:

I authorize Muslim Center of Middlesex county (MCMC) to use and reproduce any photographs, interviews, personal narratives, and audio and video recordings of my and/or my child's participation in activities/events/tasks (including excursions/travels arranged by MCMC), for purposes of promoting the Muslim Center of Middlesex county (MCMC) and Muslims, in the media in a positive manner.

Signature of Parent (if participant(s) is a minor): _____ *Date:* _____