

Waiver of Liability for Summer Camp

This agreement releases {MAC Islamic Centre} from all liability relating to injuries that may occur during the summer camp. By signing this agreement, I agree to hold {MAC Islamic Centre} entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

Participant Information

Child's Name: _____

Health Declaration

I, the undersigned, confirm that my child does not have any conditions that will increase his/her likelihood of experiencing injuries while engaging in the physical activities offered at the summer camp.

Covid-19 Policy

I agree that if my child displays symptoms of Covid-19 (cough, fever, runny nose, etc.), I will not bring my child to camp and will inform the staff of their absence promptly.

Camp Schedule and Supervision

- The camp starts promptly at 9:00 am and concludes at 3:00 pm.
- Please note that there will be no supervision provided before 9:00 am.
- In case of late pickup, a fee of \$20 (cash) will be charged for every ½ hour delay. This fee is necessary to compensate our staff for their additional time.

Behavior and Participation Policy

- The management reserves the right to remove any participants due to bad behavior without any refund.
- The management reserves the right to remove any participants who display mental challenges that impede their ability to participate in the camp.

Drinking Water Policy

- **All registered children must bring a water bottle from home.**
- **If a child does not bring a water bottle, one will be provided for a cost of \$2.00.**

Acknowledgment of Safety Precautions

By signing below, I acknowledge that my child and I will make every effort to obey safety precautions as listed in writing and as explained to my child verbally. We will ask for clarification when needed.

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Date: _____

Emergency Contact Information:

- **Name:** _____
- **Phone Number:** _____
- **Relationship to Child:** _____

Authorization for Emergency Medical Treatment

In the event of an emergency, I authorize {MAC Islamic Centre} to arrange for emergency medical treatment(Calling 911) for my child and will be responsible for any costs incurred.

Parent/Guardian Signature: _____

Date: _____