

# **Masjid Bilal, Inc.**

(A New York Not for Profit Organization)

---

425 Fulton St.  
Farmingdale, NY 11735  
Tel: 516.420.3800

Email: MasjidBilalNassau1@gmail.com

## **WAIVER LIABILITY FOR ATHLETIC & EVENTS CENTER/FACILITY USE**

I/We hereby understand and acknowledge that the programs and events held by the Masjid Bilal Inc. may expose me to many inherent risks, including accidents, injury, or illness.

I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me when using Masjid Bilal's facilities.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in any activity.

I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

I/We agree to comply with all rules imposed by Masjid Bilal Inc. regarding the use of the facilities and equipment.

I/We agree to conduct myself in a controlled and reasonable manner at all times and refrain from using Masjid Bilal Inc. facilities in an inappropriate manner.

I/We understand that Masjid Bilal Inc. is not responsible for property that is lost, stolen or damaged while in, on, or about the premises.

After having read this waiver and knowing these facts, and in consideration of the use of Masjid Bilal Inc gym/facilities, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Masjid Bilal Inc, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in Masjid Bilal Inc. programs and/or events.

BY MY SIGNATURE I/WE INDICATE THAT I/WE HAVE READ AND UNDERSTAND THIS WAIVER OF LIABILITY. I AM AWARE THAT THIS IS A WAIVER AND A RELEASE OF LIABILITY AND I VOLUNTARILY AGREE TO ITS TERMS.

Participant's Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent's Name if under 18 (Please Print):

I, \_\_\_\_\_, represent that I have legal capacity and authority to act on behalf of the minor named \_\_\_\_\_

herein.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_