



CLEVELAND MUSLIM  
COMMUNITY CENTER

4600 Rocky River Dr. Cleveland, Ohio 44135 | 216.676.9177 | www.MasjidAlOmari.com

## ALOMARY WRESTLING TEAM WAIVER FORM 2022

### Participant Information

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Emergency Contact

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

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

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

### Permission for Publicity

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On occasion, Alomary Mosque takes photographs or makes an audio or video recording of children and/or adults involved in mosque/wrestling activities. I consent to the use of any such audio or video record of the one named above to be used, distributed or displayed as agents of the mosque see fit.

- I give permission for publicity
- I do not give permission for publicity

### Release of Liability

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#### Participant over the age of 18

By signing this waiver form, I acknowledge that I am physically and mentally able to participate in a wrestling team, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities.

I release Alomary Mosque, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless Alomary Mosque and its affiliates, volunteers, and employees of any and all claims arising from my participation in activities or as a result of my injury or illness during such activities.

I have read the Waiver Form and I am fully aware of its contents.

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Date



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## ALOMARY WRESTLING TEAM WAIVER FORM 2021 continued

### Release of Liability continued

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#### Parent of participant under the age of 18

By signing this waiver form, I grant permission for the child named above to participate in and engage in Alomary Mosque wrestling team activities. My child is physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities and have discussed them with my child if necessary.

I release Alomary Mosque, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless Alomary Mosque and its affiliates, volunteers, and employees of any and all claims arising from the participation of my child in activities or as a result of injury or illness of my child or mine during such activities.

I represent that I am the participant, or the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the Permission/Waiver Form and I am fully aware of its contents. I give permission for the child named above to participate fully in the activities of Alomary Mosque.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date