



ICBR QURAN PROGRAM Registration & Waiver Form

Participant **MUST** fill this form and sign the liability waiver in order to be admitted to the class.

Participant Name	First		Last	
	Date of Birth		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
	First		Last	
	Date of Birth		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
	First		Last	
	Date of Birth		Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian	Father		Mother	
Mailing Address				
	City		State	Zip
Phone	Cell		Home	
Email				
Participant Quran Experience				
Schedule & Fees	<input type="checkbox"/> Recitation Fri \$50 <input type="checkbox"/> Second Child \$30 <input type="checkbox"/> Second Child \$30 Total: _____			
Liability Waiver	<p>I, the undersigned, applicant or guardian of an applicant to ICBR Quran Program, understand and acknowledge that the ICBR Quran Program carries no insurance against injury to any of its students.</p> <p>As a condition to, and in consideration of, the privilege of being admitted as a student to the class, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or caused by third parties to me, arising out of participation in activities involved, whether classes, demonstrations, practices, or any other use of the premises, facilities, or equipment of ICBR, whether occurring on the premises of the center or at any other location.</p> <p>I hereby release, indemnify, and forever discharge and hold harmless the Islamic Center of Boca Raton (ICBR), its Directors, employees, students, volunteers and patron, from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with, any of the above-mentioned acts and activities.</p> <p>I hereby agree and covenant myself, and my successor and assigns, never to sue, either at law or in equity, ICBR its directors, employees, students, volunteers and patron, on account of any such claim, liability, damage, injury, or loss.</p>			
Signature				

Office Use Only	Total Monthly Fee: \$ _____	
	Payment Method:	
	<input type="checkbox"/> Void Check <input type="checkbox"/> Credit Card	
	Credit Card No: _____ Exp Date: ____/____	
	Received by: _____	Date: _____