



Waiver of Liability

I grant permission for my child to attend the ISAK Sunday School at the Islamic Society of Akron and Kent (ISAK). I fully understand that participants are to abide by all rules and regulations governing conduct during their time at the school, and follow the Instructions of the ISAK Sunday School staff and officials. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I agree to waive all claims against ISAK and hold ISAK, its officers, directors, staff, agents, volunteers, and employees, harmless from any and all liability or claims, which may arise out of, or in connection with, my child's participation in the ISAK Sunday School.

Parent/Guardian Name: _____

Parent / Guardian Signature _____

Date _____

[Return to Office](#)

