Waterloo Masjid Senior Shuttle

Tentative

Planning

Registration Form Senior Shuttle

This form is to voice interest in the Masjid shuttle and senior program. **Insha Allah every effort will be made to make this a reality –**

Name_____

Age _____ Gender: [ ] Male [ ] Female

Phone _____

Home Address _____

_____

Alternate/Emergency Contact:

Name: _____ Phone: _____

Limit of Liability Disclaimer: As a condition of participation in any Waterloo Masjid activity/school, I agree to assume the risk of injury for my children, arising from use of the faculties, programs, and equipment. I hereby release and hold the Muslim Society of Waterloo & Wellington Counties and its officers, Board, employees, agents, volunteers, and contractors, harmless from all claims of injury or damage, however it may be caused.

Signature: _____ Date: _____