



ARIZONA CULTURAL ACADEMY ISLAMIC SUNDAY SCHOOL

Liability Waiver

STUDENT(S) AND PARENT/GUARDIAN

Student name _____ Student name _____

Student name _____ Student name _____

Parent/guardian printed name _____ Relationship to student(s) _____

TERMS AND CONDITIONS

1. I am the parent or legal guardian of the student(s) named on this form. I give my consent for them to participate in classes, activities, and events hosted by Arizona Cultural Academy Islamic Sunday School (ACA).
2. I acknowledge and agree that Arizona Cultural Academy Islamic Sunday School, its employees, agents, and affiliates will not be held responsible for any injury, loss, or damage that may occur to my child(ren) or their property while participating in ACA activities, including but not limited to those that occur during school hours, at extracurricular events, or while on ACA premises.
3. I understand that by signing this waiver I am voluntarily waiving any right to seek legal action against Arizona Cultural Academy Islamic Sunday School in the event of any injury, loss, or damage sustained by my child(ren) while participating in ACA activities.
4. I further acknowledge that this waiver may be used for legal and/or financial purposes if needed, and that I have read and fully understand these terms and conditions.

By signing below, I confirm that I have read and agree to this waiver.

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____