

## King Fahad Mosque Prayer Registration Form

Attendee Information	
First Name	
Last Name	
Cell Phone	Work Phone
Email	
Commute?	☐ Driving ☐ Walking to Masjid
☐ I agree to the King Fahad Mosque's waiver of liability  By registering to attend the prayers at King Fahad Mosque (KFM) in Culver City, California, I acknowledge that I understand and accept	
	novel Coronavirus (COVID-19) from being in potential contact with other worshippers, staff members, it of person-to-person or surface-to-person transmission of the virus to myself or others who come in
I understand that while KFM is taking reasonable precautions to minimize the risk of such exposure to attendees, such precautionary measures are not perfect and any activity involving multiple individuals during this pandemic presents a risk of infection. In consideration for receiving permission to attend all prayer services, including but not limited to Friday prayer services, I hereby release, waive, discharge, and covenant not to sue KFM and its employees, agents, and representatives, and their successors or assignees, from any and all liability, claims, demands, actions, and causes of action of any kind arising out of or related to any actual or suspected exposure to COVID-19, or my participation in all prayer services including Friday prayer services.	
from any loss, liability, damage or co whether caused by negligence of the assume full responsibility for any risi this activity. I hereby affirm and ass sick or have high temperature, or his	I harmless KFM and its employees, agents, and representatives, and their successors or assignees, osts, including court costs and attorney fees, that they may incur due to my participation in this activity, e releases or otherwise. I understand that my participation in this activity is voluntary, and I voluntarily ks of loss, property damage, or personal injury that may be sustained by me as a result of engaging in ture to King Fahad Mosque and it's organization, that every time I attend the mosque, I am not feeling ave not been in contact with any individual who is sick, fever, and this will be every time till the sque liable for any sickness or disease that me or any member of my household contracts.
do not have high temperature such seither been in contact with a sick p with any individual who has been sic	perfectly sound health condition, and completely unaware of any health problems that I may have. I 99 degrees Fahrenheit or above to be deemed as a sick person in the past 24 hours, and I have erson in the past 24 hours. I also certify and acknowledge, that I have not been in close proximity ck or tested positive for the novel Coronavirus. I further certify and acknowledge, that I am not from med by the Center for Disease Control (CDC).
It is my intent that this waiver of liability and hold harmless agreement shall bind the members of my family and spouse, and my heirs, assigns, and personal representative. I am signing this waiver freely and voluntarily.	
Signature	Date: