



## REQUEST FORM TO USE FACILITIES FOR A CLASS

### REQUEST INFORMATION

I, \_\_\_\_\_ hereby request to use the American Muslims of Long Island (hereinafter referred to as the “AMLI”) to conduct a \_\_\_\_\_ class (hereinafter refer to as the “CLASS”) as per following schedule:

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Time: From \_\_\_\_\_ Time To: \_\_\_\_\_

No. of Students Expected: \_\_\_\_\_

Days on which Class will meet: \_\_\_\_\_

### DECLARATION OF LIABILITY

I understand and accept the following conditions applicable to the said Class:

- AMLI is not the sponsor of the said CLASS, and has absolutely no connection or responsibility for the CLASS. AMLI has agreed to let its facilities be used as a service to the community for conducting the said CLASS.
- I, on behalf of myself, my personal representatives, and my heirs acknowledge and agree to hereby forever release, waive, hold harmless, discharge, and indemnify AMLI and its Board of Trustees, Directors, Members, Employees, Agents, and Assigns acting in any capacity whatsoever, from any and all claims, causes of actions, suits, debts, demands, losses or damages, arising in any way from any injury of any nature whatsoever that may be sustained by the Students, teachers, or myself.



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- I hereby confirm and agree to repair/reimburse the AMLI for any damage that may be caused to the AMLI facilities as a result of their use for holding the said CLASS.
- I further agree that after each CLASS, the AMLI facilities, inside as well as outside, will be absolutely clean before I leave the premises. If I fail to do so, AMLI will have the same cleaning done at its expense and charge me twice the cost of such cleaning.
- I further agree to have a Waiver of Liability (AMLI Form-3) signed by the parent/guardian of each student to be enrolled in the said CLASS. These original signed forms will be delivered to the AMLI Secretary prior to the start of the said CLASS. Failing to do so, the AMLI Secretary has the authority and is required to stop the holding of such CLASS.

### APPLICANT:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Age (optional) \_\_\_\_\_ Address: \_\_\_\_\_

*If Applicant is younger than 21 years, then the Applicant's parent/guardian must also sign below. I hereby confirm and agree to the above stated conditions.*

### PARENT/GUARDIAN:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WITNESS:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_