



لرحمن الرحيم الهيسم

THE WINDSOR ISLAMIC ASSOCIATION

1320 Northwood Street Windsor, Ontario N9E 1A4
Phone: (519) 966-2355, Fax: (519) 966-6018

I'tikaf Registration Form (Ramadhan 1438)

Name of Applicant: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (____) _____

Any Health Issues (Optional): _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: (____) _____

I'tikaf Start Date: _____ I'tikaf End Date: _____

Disclaimer: I, the undersigned, while engaged in I'tikaf agree to comply with WIA rules and regulations and follow I'tikaf Supervisory Committee directions.

Waiver and Release Form: I, the undersigned, do hereby acknowledge that while engaging in I'tikaf at the Windsor Mosque, there is a possibility of physical illness or injury. I do hereby for myself and all others who might have a similar claim waive, release, and forever discharge any and all rights and claims for injury, which may arise now or in the future against WIA and its representatives, for any and all damages which myself may sustain or suffer while engaging in I'tikaf at the Windsor Mosque. WIA will not be responsible for any physical damage or loss of belongings. I also understand that WIA is not liable for any issues arising during my stay in the Mosque.

I, the undersigned, do hereby acknowledge that I've read and understood Al-I'tikaf "Rules & Regulations"

Signature: _____ Date: _____

For Youth: Name of Parent: _____ Date: _____

Signature: _____

Name of Reference: _____ Date: _____

Signature: _____

For Official Use Only: [] Approved [] Not approved

Name: _____ Signature: _____ Date: _____