



---

## CONSENT FORM

---

I agree to abide by the rules, regulations, and instructions of the HBKU organization and staff.

I understand that allowing my child to take part in the activity provided by the HBKU staff, I agree to release, waive, and discharge all liability from the organizers, sponsors, and associated individuals or entities, including their members, officers, agents, volunteers, and employees. This release covers any claims, injuries (including death), or damages, as well as legal fees, that my child may experience while participating in the activity, during travel to and from the activity, or while on any premises owned or leased by HBKU and its employees.

I understand that the HBKU staff will make reasonable efforts to assure my child's safety while I am participating in this activity while there may be inherent risks involved. I agree that I am willing to assume these risks. I acknowledge that neither HBKU, nor any of its employees can absolutely guarantee my child's safety in every situation but that the HBKU staff members have taken appropriate and reasonable measures to inform me of potential risks and ensure my child's safety. I therefore agree for my child, myself, my heirs, and my personal representatives, to hold harmless and forever release and discharge Qatar Foundation, HBKU, and its members, directors, employees, students or agents from and against all claims, demands, actions or causes of action, deriving from damage to personal property, personal injury or death that may arise in connection with my child's participation in this activity.

I acknowledge that I have read this form and all above conditions and fully understand them. Neither I, nor anyone claiming title through me, will hold HBKU (staff & members) responsible for any adverse outcome as a result of my son/daughter/relative participation in this trip. On behalf of the applicant, I accept and agree to be bound by the terms and conditions of this application form

**Parent's /Guardian's Name:** \_\_\_\_\_

**Qatar ID Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

## PHOTO CONSENT

---

I hereby provide consent to HBKU to use photographs and film featuring myself in HBKU publications, including but not limited to, brochures, newsletters, website, and the social media.

I **agree** to the above

I **do not agree** to the above

Yes, within conditions stated below

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_