



Islamic Institute of Toronto  
Education for Virtuous Living

## HAJJ REGISTRATION FORM *(enter details exactly as in your passport)*

Gender & Age	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Age:	_____

Is this your first Hajj?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Room type (Occupancy)	
Quad	<input type="checkbox"/>
Triple	<input type="checkbox"/>
Double	<input type="checkbox"/>

<b>Name</b>			
	First	Middle	Last
<b>Phone</b>			
	Home	Cell	Work
<b>Email</b>			
	email		
<b>Address</b>			
	Number & Street		
	City	Province	Postal Code

<b>Passport</b>				
	Passport Number	Nationality	Place of Issue	Date of Expiry (YYYY-MM-DD)

<b>Name of Mahram</b>			
	First	Last	Relationship to Mahram

<b>Emergency Contact</b>			
	First	Last	Relationship
<b>Phone</b>			
	Home	Cell	Work
<b>Email</b>			
	email		

Do you have any allergies? \_\_\_\_\_

Do you have any special medical needs? \_\_\_\_\_

**ENCLOSE THE FOLLOWING**     1. Passport photocopy     2. Two passport photos     3. Cheque/draft: \$3,500 CAD

*All cheques/drafts MUST be payable to 'Dar El Salam Travel' (21-5160 Explorer Drive, Mississauga, ON, L4W 4T7)*

### Agreement and indemnity

WHEREAS ISLAMIC INSTITUTE OF TORONTO, INC., a non-profit organization, incorporated under the laws of Ontario and having its offices at 1630 Neilson Road, Scarborough, Ontario, (hereinafter referred to as 'the Institute'), is voluntarily helping Hajj Pilgrims in performing their Hajj Pilgrimage in Saudi Arabia without any monetary gains in return.

NOW THEREFORE IN CONSIDERATION the Institute (its Officers, Directors, Employees, and Volunteers) agreeing to provide the voluntary services and helping me in performing Hajj Pilgrimage, I agree as follows:

- That the Institute (its Officers, Directors, Employees, and Volunteers) will not be responsible or liable in connection with the accommodations or service of any means of travel, whether by aircraft, motorcar, motor-coach, or other conveyance which may be used wholly or in part in the performance of this Hajj by me, nor will it be responsible for or assume liability for any injury, damage, death, loss, additional expenses, accidents, whatsoever, including defects in any vehicle, or through the acts or defaults of any company or person engaged in transporting me or in carrying out the arrangements of my Hajj, or for losses or additional expenses occasioned directly or indirectly by the acts of God, delay or changes in schedules, overbooking or sickness, weather, strikes, war, quarantines, epidemics, pilferage, customs or immigration regulations or other acts or circumstances in this connection beyond the Institute's (its Officers, Directors, Employees, and Volunteers) control.
- All or any such losses and expenses as aforementioned will be borne by me and will be my sole responsibility.
- I FURTHER AGREE to release and forever discharge the Institute (its Officers, Directors, Employees, and Volunteers) from any and all action, causes of action, claims and demands for upon or by reason of any damage, loss or injury, to me and my property which may be sustained in consequence of the losses and expenses as aforementioned.
- I FURTHER AGREE TO INDEMNIFY and save harmless the Institute (its Officers, Directors, Employees, and Volunteers) against and from any and all claims and demand, actions, and claims for contribution or indemnify, whether under any statute or otherwise, which may be made or brought against the Institute (its Officers, Directors, Employees, and Volunteers), including the costs of defence of such action and claim.
- The Institute (its Officers, Directors, Employees, and Volunteers) shall have the right to withdraw, or alter any such arrangements as it may deem fit and that no refund will be made to me by the Institute (its Officers, Directors, Employees, and Volunteers) for any unused portion of the Hajj travel schedule.

I DECLARE that the above information given in this registration form is true to the best of my knowledge.

_____ Signature of Registrant	_____ Signature of Witness	_____ Address of Witness
_____ Date	_____ Name of Witness	