THE RAMADAN EXPERIENCE 2027

Official Emergency Contact & Participant Safety Form

The Amanah Institute of ABAS

LEARN. PRACTICE. TRANSFORM.

I am participating in The Ramadan Experience 2027 as a:

☐ Host / Muslim Volunteer Companion ☐ Participant

Select one option.

Saturday, February 20, 2027 | Houston, Texas, USA

International, online | Three scheduled Zoom gatherings

01 Why We Collect Emergency Contact Information

The Amanah Institute of ABAS is committed to supporting the safety and well-being of individuals participating in The Ramadan Experience 2027.

Because this is an international virtual event, participants and volunteers may be joining from different cities, states, provinces, and countries. This form provides important information that may help the Institute respond appropriately if a serious emergency occurs during an official Ramadan Experience activity.

If Institute representatives become aware of an emergency requiring immediate assistance, they will first attempt to contact the appropriate emergency services for the location you have provided. After successfully contacting local emergency services, the Institute will attempt to notify the emergency contact identified on this form.

Important: Because The Ramadan Experience 2027 is conducted virtually, the Institute cannot guarantee that it can reach, dispatch, or coordinate emergency responders in every location. Participants should contact their own local emergency services immediately whenever they are able to do so.

All information will be handled as confidential personal information, accessible only to authorized personnel with a legitimate event safety or administrative need, subject to applicable law.

02 Personal Profile Information

First name **Last name** **Date of birth (MM/DD/YYYY)**

Participant Contact Information

Primary phone number **Calling code (example: +1)** **Email address**

The phone number provided should be one you can reliably access throughout The Ramadan Experience 2027.

03 Ethnicity and Participation Location

Ethnicity - Optional

Please select the one option that best describes you. Providing this information is voluntary and is not required to participate.

- ☐ Black / African American
- ☐ Hispanic / Latino/a
- ☐ Middle Eastern / North African
- ☐ East Asian
- ☐ Native American / Alaska Native
- ☐ Caribbean
- ☐ Another ethnicity
- ☐ African
- ☐ White / European
- ☐ South Asian
- ☐ Southeast Asian
- ☐ Native Hawaiian / Other Pacific Islander
- ☐ Multiracial / Multiethnic
- ☐ Prefer not to disclose

If another ethnicity, please specify

Self-identification only; ethnicity is not required for emergency response eligibility.

Primary Participation Location

Provide the complete physical street address where you expect to participate in The Ramadan Experience 2027. This is important because emergency services generally need the location where assistance is required, which may be different from your permanent home address.

Street address

Apartment / unit / building

City / town

State / province / region

ZIP / postal code

Country

ISO country code (if known)

Additional address or location instructions

☐ This is also my permanent home address.

If different: home mailing address (optional; include city, region, postal code, country)

04 Local Emergency Services

Local emergency telephone number

Country / region where this number applies

Name of emergency service or agency (if known)

Examples: United States: 911 | Canada: 911
Emergency telephone numbers vary internationally. Please verify the correct emergency number for the exact location from which you will participate.

☐ I have verified that the emergency service number provided is correct for my participation location.

05 Emergency Contact Information

Identify someone who can be contacted if an emergency occurs. Whenever possible, choose an adult who can be reached promptly and is familiar with your circumstances.

Emergency contact first name

Emergency contact last name

Relationship to you

City

State / province / region

Country

Primary phone number

International calling code

Alternative phone (optional; include code)

Emergency contact email address

☐ I have informed this person that I am listing them as my emergency contact.

06 Minors and Parental Contact

Are you under 18 years of age? Select one. ☐ Yes ☐ No

If yes: parent / legal guardian full name

Relationship to minor

Parent / legal guardian phone (include calling code)

Parent / legal guardian email

Minor participants must have a completed, separate Parent/Legal Guardian Consent Form before participating. This emergency contact form does not replace parental consent. A minor's submission is not sufficient parental authorization.

07 Emergency Information Acknowledgment

By submitting this form, I acknowledge that:

1. The emergency contact and location information I have provided is accurate to the best of my knowledge.

2. I understand that if the Institute becomes aware of a serious emergency during an official event activity, its representatives will attempt to contact emergency services for my stated location first, followed by my designated emergency contact after emergency services have been successfully contacted.

3. I understand that the Institute may be unable to contact emergency services in my country or obtain confirmation of dispatch.

4. I understand that I remain responsible for contacting my local emergency services directly whenever possible.

5. I authorize the Institute to use and, when reasonably necessary for an emergency response, share the information I provide with relevant emergency responders and my designated emergency contact, subject to applicable law.

6. I understand that my information will be used for event-related safety and administration, not unrelated marketing.

7. I agree to notify the Institute if my emergency contact details or planned participation location change before the event.

☐ I have read and understand the acknowledgment.

Participant / volunteer full name

Signature / typed-name acknowledgment **Date (MM/DD/YYYY)**

For electronic completion, type your name above to acknowledge this statement. A typed name does not automatically satisfy electronic signature requirements in every jurisdiction. For paper completion, sign by hand.

08 Privacy and Document Handling

CONFIDENTIAL - EMERGENCY CONTACT INFORMATION
This form contains sensitive personal and contact information. It is intended solely for authorized The Amanah Institute of ABAS personnel involved in event administration and emergency response.

Completed forms must not be made publicly accessible, shared in group chats, or stored in publicly accessible folders. Use secure, access-controlled submission and storage methods.

Privacy policy: [Institute to finalize before publication]

Privacy contact: [Institute to finalize before publication]

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