



IMMERSION PARTICIPANT WAIVER AND RELEASE OF LIABILITY

I, _____ in consideration of the risk of injury while participating in the SVdP Immersion Reentry Program and as consideration for the right to participate in volunteering, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any all rights, claims or causes of action of any kind whatsoever arising out of my participation in volunteering, and do hereby release, indemnify and hold harmless The Society of St. Vincent De Paul, their affiliates, managers, officers, directors, employees, members, agents, attorneys, staff, other volunteers, representatives, predecessors, successors and assigns.

I assume all related risks associated with traveling to and from all well as participating in this activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic or emotional loss, and death.

If any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions or neglect or recklessness.

I further agree to abide by all the rules and regulations as in hereafter amended or supplemented, established by The Society of St. Vincent De Paul, applicable to the authorized use of the premises, and I agree that the use of the premises may be canceled at any time, without prior notice or warning and that I disclaim any recourse in the event of such cancellation and agree to immediately vacate the premises upon request.



I, the undersigned IMMERSION participant, certify that I have fully read this agreement, that I fully understand its content and that this release cannot be modified orally. I am releasing and waiving certain potential rights held by myself, and voluntarily and freely agree to the terms and conditions set forth. For any inquiries please contact St. Vincent de Paul IMMERSION Staff.

IMMERSION Participant Signature

Date

Authorized SVdP IMMERSION Representative

Date