

5K Walk to Benefit Visionary Women 2018

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing this document, you allow the participant named below to participate in the *5K Walk to Benefit Visionary Women 2018* fundraiser of the Interfaith Center of Greater Philadelphia under the provisions below.

Permission to Participate and Liability

IN CONSIDERATION of the below participant being permitted to participate in activities of the Interfaith Center of Greater Philadelphia ("IFC") EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin, and minors for whom he/she is the parent or guardian ACKNOWLEDGES, AGREES AND REPRESENTS THAT HE/SHE:

1. RELEASES the IFC its directors, officers, agents and employees, from all liability to the participant, his/her personal representatives, assigns, heirs and next of kin and minors for whom he/she is the parent or guardian for any and all loss or damage, and any claim or demands therefore on account of injury to the participant's person or property or resulting in death, whether caused by the negligence of the IFC or others, while the participant is participating in activities of the IFC.
2. AGREES TO INDEMNIFY AND HOLD HARMLESS the IFC parties and each of them from any loss, liability, damage, attorney's fees and costs, or cost they may incur due to the participant's participating in activities of the IFC, or in transporting participant to or from activities, whether caused by the negligence of the IFC, any participant or any other person or entity.
3. ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of IFC parties or others while participating in activities of the IFC.

Medical Permission

4. GRANTS PERMISSION to the agents, servants and employees of the IFC TO OBTAIN NECESSARY MEDICAL SERVICES for the participant should he/she not be capable or in the event of a minor, the IFC is unable to reach the undersigned parent or guardian.
5. GRANTS PERMISSION to the IFC to ADMINISTER NON PRESCRIPTION DRUGS as needed with the exception of those listed as allergens in accompanying medical information.

Final Approval

6. The parent/guardian/participant further expressly agree that: (a) the FOREGOING RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAW OF THE COMMONWEALTH OF PENNSYLVANIA; (b) the law of the Commonwealth of Pennsylvania shall apply to this Release and Waiver of Liability and Indemnity Agreement; and (c) if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Use of Photos and Materials Created in the Program

8. GRANTS PERMISSION for the Interfaith Center and program and community service partners USE ANY PHOTOS, FILM, VIDEOS OR TAPES, ART WORK, AND WRITING of the participant in any documentation, publication and publicity of its activities.

Please check one below:

_____ **I agree to all of the above provisions.**

_____ I agree to all of the above provisions, EXCEPT the use of photos of the participant as described in item number 8 above. I do NOT grant permission for the Interfaith Center and program and community service partners to USE ANY PHOTOS, FILM, VIDEOS OR TAPES, ART WORK AND WRITING of the participant in any documentation, publication and publicity of its activities.

Participant:

Parent/Guardian (if participant is under 18 years of age):

Signature: _____

Date: _____

Submit this form by: EMAIL (scan and send) to *5K Walk to Benefit Visionary Women 2018* Coordinator, Chelsea Jackson, at cj@interfaithcenterpa.org; or MAIL to the Interfaith Center of Greater Philadelphia (Attn: Chelsea Jackson) at 100 W. Oxford St., Suite E-1300, Philadelphia, PA 19122.