IGNATIAN SERVICE IMMERSION AGREEMENT & RELEASE

The undersigned desires to participate in the Ignatian Service Immersion program sponsored by University Ministry of Loyola University Chicago, Health Sciences Division, taking place in the Summer of 2017.

I acknowledge that my participation in this trip is by my personal choice, and that it is an entirely optional activity. I understand the risks involved in this activity and expressly assume those risks.

In consideration of participation in this trip, including car or air transportation to and from the site and working at the site, I hereby waive, release and agree to indemnify and hold harmless Loyola University Chicago, Loyola University Medical Center, Loyola University Health System, Health Sciences Division, its trustees, officers, employees, and agents of and from any and all actions, causes of action, suits, relating to or arising from my participation in this activity.

I have read and understand the foregoing.

Print: __________________________________________

Signature: _______________________________________

Date: __________________________________________