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 Campus, taking place in the Summer of 2020.

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 Campus, 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: _________________________________________