2020 MARCH FOR LIFE
ADULT WAIVER FORM
RELEASE AGREEMENT

The undersigned intends to participate in the March for Life 2020 and related events (collectively, the “activities”) under the auspices of the Institute of Christ the King Sovereign Priest, Inc. (the “Institute”). The activities include travel arrangements in connection with the activities. Specifically, in this regard, the undersigned understands that he/she will be traveling on a charter bus from St. Anthony of Padua Oratory, 1360 Pleasant Valley Way, West Orange, NJ 07052 on or about January 24th, 2020 and participating in the March for Life in Washington D.C., thereafter returning in a charter bus the same day to St. Anthony of Padua Oratory, 1360 Pleasant Valley Way, West Orange, NJ 07052.

The undersigned acknowledges that the activities may involve risk and danger of personal, physical and bodily injury, and with such knowledge and in consideration of being permitted to participate in the activities, hereby releases, indemnifies, holds harmless, discharges and covenants not to sue the Institute and its agents, officers, directors, employees, members, assignees, transferees, insurers, legal representatives, benefactors, volunteers, their respective related or affiliated persons or entities and all others acting on behalf of the Institute (collectively, the “Releasees”) with respect to all losses, claims, demands, damages, obligations, judgments, penalties, costs, expenses and liabilities arising from the undersigned’s participation in any of the activities, including but not limited to physical, personal or bodily injury, death, property damage, theft or loss, and all losses, claims, demands, damages, obligations, judgments, penalties, costs, expenses and liabilities asserted by any third party arising out of the undersigned’s participation in any of the activities above, and any claims, demands and liabilities for indemnity or contribution arising from any such activities. The foregoing release, indemnity, discharge and covenant not to sue expressly includes claims arising out of the gross negligence or willful and wanton misconduct or negligence of the parties released. The undersigned hereby represents that he/she believes himself/herself to be qualified to participate in the activities and to be in good health and in proper physical condition for such participation and fully assumes all risk of injury with respect to the activities.

A photocopy of this agreement is as valid as the original. The undersigned represents and warrants that he/she has read this document, fully understands its contents and intends to release the Releasees from any and all liability resulting therefrom. This Agreement shall be binding upon the undersigned and all of his/her respective heirs, successors and assigns. Revocation or termination of this Agreement shall be ineffective unless or until actual notice of such revocation or termination shall have been received by the Institute. This Agreement constitutes the entire and exclusive agreement between the parties regarding the subject matter addressed herein, and any promises, representations, understandings and/or agreements pertaining directly or indirectly to the activities which are not contained herein are hereby waived. No oral changes are binding. Any and all payments are non-refundable unless the activities are cancelled in whole or in part, in which case payments will be refunded if and to the extent the Institute receives refunds from those providing benefits and services in connection with the activities. This Agreement shall be governed and construed pursuant to the laws of the State of New Jersey, without reference to its conflicts of laws principles.

SIGNATURE REQUIRED ON THE NEXT PAGE
IN WITNESS WHEREOF, the undersigned has executed this Agreement, having read and understanding all of the terms hereof.

______________________________  ______________________________
( Participant Signature )        ( Witness Signature )

______________________________  ______________________________
( Printed Name of Participant )  ( Witness Printed Name )

______________________________  ______________________________
Date                            Date