



Walking the Walk®

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT 2024-2025

By signing this document, you allow the participant named below to participate in the *Walking the Walk* service learning initiative: a Program of Interfaith Philadelphia under the provisions below.

Permission to Participate and Liability

IN CONSIDERATION of the below participant being permitted to participate in activities of Interfaith Philadelphia (“IFP”) EACH OF THE UNDERSIGNED, for himself/herself/themselves, his/her/their 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/THEY:

1. RELEASES the IFP 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 IFP or others, while the participant is participating in activities of the IFP.
2. AGREES TO INDEMNIFY AND HOLD HARMLESS the IFP 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 IFP, or in transporting participant to or from activities, whether caused by the negligence of the IFP, 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 IFP parties or others while participating in activities of the IFP.
4. AGREES TO grant him/her/them permission to participate in online programming via Zoom and other video conferencing platforms and engage with IP Staff, consultants, and fellow youth participants through online communication via these platforms.

Medical Permission

4. GRANTS PERMISSION to the agents, servants and employees of the IFP 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 IFP 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 Interfaith Philadelphia 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.

Name of Participant: _____

Name of Parent / Guardian: (please print clearly) _____

Parent / Guardian Signature: _____ Date: _____



Submit this form via email or mail

EMAIL: (scan/take a photo and email) to Sara Zebovitz, ssz@interfaithphiladelphia.org

MAIL: Interfaith Philadelphia (Attn: Sara Zebovitz) at 100 W. Oxford St., Suite E-1300, Philadelphia, PA 19122