



SVDP Rhode Island Registration/Release Of Liability Form

Participant's Name (Last, First, Middle Initial): _____

Age: ____ Phone: _____ Email: _____

RELEASE OF LIABILITY - READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

ACTIVITY DESCRIPTION: Community Service Event organized by SVDP Rhode Island of 25 Webb St., Cranston, RI 02920. During the event, participants will be helping sort donations, fill Necessities for Neighbors bags for those in need, in addition to other community service activities. During the event photos will be taken and used for promotion of the Society.

I, _____ residing at _____ consent to the participation of **my Child / Myself**, _____ in the SVdP RI Service Event in Cranston, RI on the date of _____, and agree on behalf of **The Minor / Myself** to all of the terms and conditions of this Agreement. I agree for **The Minor / Myself** by signing this Release of Liability. I represent that I have legal authority over and custody of **The Minor / Myself**.

____ I agree for **my child**, _____ (herein referred to as "**The Minor**"), to the following:

____ I agree for **myself** (if participant is 18 years of age or older), _____ (herein referred to as "**Myself**" / "**Me**" / "**My**" / "**You**" / "**Your**"), to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by SVDP Rhode Island, or the employees, representatives, or agents of SVDP Rhode Island.
2. I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to **The Minor / Myself**, and further release and discharge SVDP Rhode Island for injury, loss, or damage arising out of **The Minor's / My** participation in the above-described activity, whether caused by the fault of myself, **The Minor**, SVDP Rhode Island, or other third parties.
3. **PHOTO/AUDIO/VIDEO Release** I hereby grant absolute rights and permission with respect to the images, audio, or video of **The Minor's / My** image, likeness and sound of voice as recorded on audio or videotape without payment or any other consideration. I understand that **The Minor's / My** image may be edited, copied, copywritten, exhibited, published, or distributed in whole or part, individually or in conjunction with other images and or video, in any medium and for purposes including but not limited to illustration, promotion, advertising, or educating the public about SVDP ministries, and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. Images, likeness, and sound will be used solely for the purpose of SVDP and its affiliates. I hereby release and discharge SVDP Rhode Island and its affiliates from any and all claims and demands arising out of or in connection with the use of images and recordings.
4. I agree to indemnify and defend the SVDP Rhode Island, against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from **My / The Minor's** participation in the above-described activity.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Rhode Island law.
6. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.



SVDP Rhode Island Registration/Release Of Liability Form

7. This Agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

8. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

9. In the event of an injury to **The Minor / Myself** during the above-described activity and I am not present, or am unable to myself, I give my permission to SVDP Rhode Island or to the employees, representatives or volunteers of Society of St. Vincent de Paul Rhode Island to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on _____ and will remain in effect until terminated in writing by the undersigned or when the above-described activity is completed. SVDP Rhode Island shall have the following powers:

a. The power to seek appropriate medical treatment or attention on behalf of **The Minor / Myself** as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital, b. The power to authorize medical treatment or medical procedures in an emergency situation, c. The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.

10. In case of an emergency, please call _____ (Relationship : _____)

at _____ (Day), or _____ (Evening).

11. If **The Minor / You** has any medical conditions, any allergies or sensitivities to any food, drug, chemical, or other substance, or any physical or mental limitations that could in any way impact **The Minor /Your** participation in the above activity, I have listed them below:

Signature: _____ Date: _____

Printed Name: _____

Relationship: _____