

CONSENT, WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I desire to consent to and voluntarily participate in the conference operated by the National Gathering on Christian Initiation® (the “Organization”) which will be held on July 31-August 1, 2024 (the “Conference”) at Loyola University of Chicago (“Loyola”).

I hereby warrant and represent that I am physically fit and do not have any medical condition or physical limitation that would put me at risk for injury, illness or death as a result of my participation in the Conference.

In consideration of my voluntary participation in the Conference and my use of Loyola’s facilities,

(i) I hereby assume all risks of injury, illness and death which may result from my participation in the Conference and my use of Loyola’s facilities (including without limitation all risks of contracting or transmitting viruses, infections, diseases and other sicknesses (including without limitation COVID-19/ Coronavirus Disease) and all risks of any pandemic or epidemic), and

(ii) I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to waive, indemnify, hold harmless, release and discharge Loyola, its affiliates, including Mundelein College, and their respective officers, trustees, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from, or arising out of, my participation in the Conference, and my use of Loyola’s facilities.

I agree to abide by all of the rules and regulations of Loyola in effect during my participation in the Conference. I understand that Loyola is not affiliated with the Organization and that Loyola is not a sponsor or co-sponsor of the Conference, but is merely allowing the Organization to use its facilities for the Conference.

I have read and understand the foregoing and affirm that I am participating in the Conference of my own free will.

Name of Participant: _____

Signature of Participant: _____

Date: _____