THE CHAPEL
OF THE INCARNATE WORD
MOTHERHOUSE

SISTERS OF CHARITY OF THE INCARNATE WORD
SAN ANTONIO

WAIVER &
RELEASE OF ALL CLAIMS

Please read this form carefully.

ACTIVITY: _____

DATE of ACTIVITY: _____

As representative of :

_____

I recognize and acknowledge that there are certain risks of physical injury inherent in our activity held on property owned by the Incarnate Word Generalate; and we agree to assume the full risk of any injuries, including death, damages or loss that may be sustained as a result of participating in any and all activities connected with this activity.

I agree to waive and relinquish all claims I may have against the Incarnate Word Generalate, its officers, agents, servants, employees and volunteers as a result of our use on their property.

I further agree to indemnify, hold harmless and defend the Incarnate Word Generalate, its servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with our activities on their property. This agreement also pertains to the individuals who are invited by me to this function.

I have read and fully understand this Waiver and Release of All Claims form.

Name: _____
(please print) **Signature & Date**

Witness: _____
Chapel Administrator, Chapel of the Incarnate Word **Signature & Date**