The Prodigals Home

Welcome and Introduction

Welcome to the Prodigal’s Home (hereinafter referred to as TPH). If you are interested in our facility, then here is some information for you. Our program is one of structure, Love, and discipline. We are not a homeless shelter but a Christ centered discipleship program that focuses on developing a relationship with Jesus Christ and overcoming substance and alcohol abuse. Our primary focus as a faith-based mission is through Jesus Christ, to help those seeking to be freed from the binds of addiction.

During your residency at TPH you will undergo many difficulties. It is our job as a mission to help you learn how to do things such as get back on the right sleep schedule, get back into the routine of working, learn to be a parent, child, brother and friend again, to fight the many temptations of addiction and to help you make it through the difficult times of recovery. **We do not offer medical detox. If you feel you will need a medical detox, please contact us when you have gone through a medical detox facility.** This fight will not be easy. Our program is intended for you to get back on your feet again and become the man God created you to be. Our program will not make you overcome addiction if you merely go through the motions but we will help you reach the goal of lasting sobriety if you commit yourself to recovery.

During your residency here at TPH your time will be spent examining scriptures, learning social skills, Life skills, setting goals, working in the program, and most importantly getting to know Jesus Christ. You do not have to be a Christian to be in our program but if you choose to come through our discipleship program, understand we will preach Jesus and teach Victory through Him and him alone. We are not a self-help program nor are we a 12-step program. Acts 4:12 says and there is salvation in no one else for there is no other name under heaven given among men by which we must be saved. We are a 1 step recovery program, and that step is surrendering your life to Jesus Christ. Only you can choose to surrender. We will not force you to believe on the Lord Jesus, but we will, and we do teach Him. Ultimately it is your choice to receive Him. **We do not allow any other religions to be studied or practiced at our facility.**

This mission is not a shelter, it is a discipleship and a rehabilitation center. The Expectations, rules and guidelines of this program are intended for you to overcome addiction, find a healthy value for life and to teach you about the Love of God. While here we will teach you how to love yourself again, how to forgive others and yourself, and how to overcome addictions. You must follow the Prodigal’s Home Expectations, rules, and guidelines as a standard of living while living within the Prodigal’s home rehabilitation program.

**The duration of the program is 24 months from the day the client enters the program.**

**RESIDENT GUIDELINES AGREEMENT**

The Prodigals Home reserves the right to dismiss any resident for failure to comply with the Resident Expectations and Guidelines, and/or conduct not deemed in keeping with the goals or values of the program of recovery set forth by The Prodigals Home.

**ZERO-TOLERANCE POLICY**

**Violation of any of the following will result in IMMEDIATE DISMISSAL.**

✓ Use or possession of drugs, paraphernalia, alcohol and/or banned substances on or off property.

✓ Violence or threats of violence.

✓ Weapons of any kind.

✓ Stealing of any kind. **If it is not yours, do not take or use it without permission.**

✓ Bullying of any kind.

✓ Sexual harassment.

✓ Racial or sexual slurs.

✓ Destruction of property.

✓ No Fraternizing with any church affiliates or anyone associated with TPH

✓ Sexual relations or intimate bodily contact with another TPH Resident, staff member or volunteer.

✓ Sex in any TPH property is not permitted (Zero Tolerance).

✓ Abuse of over-the-counter or prescription medication.

✓ Refusing a drug test, provide urine immediately when requested or giving urine to another resident.

✓ Repeated write-ups for rule violations.

*TPH reserves the right to notify law enforcement, parole, probation, drug court or other partners of the reason for dismissal. Residents who are dismissed from the program shall not be consideration for re-instatement until after 30*

*days and SHALL NOT RETURN except for picking up personal belongings. This must be done within three (3) days of dismissal, or the belongings will become the property of TPH. TPH is not responsible for belongings left behind.*

**DRUG AND ALCOHOL TESTING**

✓ Submit to random drug and alcohol breathalyzer testing.

✓ **Use of alcohol, drugs or banned substances will result in immediate dismissal.**

**BANNED SUBSTANCES INCLUDE, but are not limited to:**

\*Suboxone, \*Methadone, K2/Spice, any designer drug or controlled substance, CBD in any form, Valerian Root, Kava Kava, Kratom, diet pills, bath salts and overuse of energy drinks. \*

✓ If you are asked to submit a urine analysis (UA) or Breathalyzer (BA) you must stay on the property until the test is completed.

✓ Refusal to give a urine screen or Breathalyzer will result in immediate dismissal. Tests time and frequency are determined by management.

✓ Residents returning from extended visit or overnight pass are required to be drug tested immediately.

✓ If you suspect another Resident of using drugs/alcohol or abusing OTC medications, it is your responsibility to report this matter immediately to staff**. Knowledge of others using mood-altering chemicals and not notifying staff can result in a discharge from the program**

***Any resident testing positive for drug use and disputing results will be re-tested immediately. If subsequent testing is positive and the resident wishes to continue the dispute, they will without delay leave the premises. If they choose, the resident may, at their expense, obtain an independent test at a local medical facility. The resident must remain off all TPH properties pending results. Should this test prove negative for drug use, the resident will be re-instated.***

**MEDICATION POLICY**

✓All prescription medication must be approved by leadership. No narcotics or mind-altering drugs allowed. Narcotic pain medications, (Hydrocodone, Oxycodone, Neurontin) \*Methadone/\*Suboxone, and/or benzodiazepines (Xanax, Ativan, Klonopin, etc.) are strictly prohibited. K2/Spice, Valerian root, Kratom, Kava Kava, diet pills, ‘bath salts,” CBD oil or any designer drug is not permitted.

✓ Over-the-counter medications or mouthwash containing alcohol are prohibited

✓ Residents are responsible for obtaining their own medication refills. You are not allowed to stop taking your medication(s) without a doctor’s note.

✓ Residents will self-administer medication as directed by a physician.

✓ Any nighttime medications (Sleep aids, Melatonin, Nyquil) will be kept at the Staff house and administered by staff

✓ Abuse of over-the-counter medication and/or prescription medication will result in immediate dismissal from the program.

**SAFETY**

✓ In case of a true emergency, call 911 and then notify the manager on duty.

✓ Safety is the primary concern at TPH; therefore, any suspicious activities should be reported to the manager on duty immediately.

✓ Fire extinguishers are in each house. Please familiarize yourself with their location.

✓ Do not share razors. This is for your own protection from infectious diseases transmitted through blood-borne pathogens.

✓ No giving or receiving tattoos, piercings, etc. on the premises.
✓ Bar soaps are not allowed

**Initials \_\_\_\_\_**

If asked to leave The Prodigal’s Home, you will have to arrange transportation and vacate the premises immediately.

By signing I agree to all rules and regulations and will abide by these rules as a standard of living during my time in The Prodigals Home Men’s Addiction Rehabilitation Center

**Print Name X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Phase 1***

***DISCIPLESHIP PHASE***

***Phase I*** allows the resident 180 days to address root issues that lead to continual relapse. In this phase residents will undergo training that will include one on one counseling, behavioral health classes, addiction recovery classes, daily on-site meetings, money management classes, and life skills classes

You will have to adhere to the following:

1. Undergo a 7-day monitored probationary period to establish trust and a willingness to comply with rehabilitation expectations and guidelines.
2. Apply for a state issued ID card and/or Social Security card (If Applicable)
3. Set up an appointment with Probation (If Applicable)
4. Call clerk of courts to verify date and time for any pending court cases (If Applicable)
5. Call DSS child support services and make aware of living in rehabilitation facility (If Applicable)
6. Make an appointment with access health insurance

By the first 30 days of Phase I you will have to adhere to:

1. A 30-day probationary period to prove a good work ethic and a willingness to comply with rehabilitation’s volunteer work and class participation
2. You must have a state issued ID card and/or Social Security card
3. You must have set appointment with Probation or clerk of courts
4. You must have setup temporary waiver with Child support services
5. You must show continued work ethics
6. You must interact in all meetings and classes

**CHORE EXPECTATIONS**

1. **All Residents are expected to keep their entire living area clean**. This includes making your bed, keeping your belongings neatly organized, and keeping the bath, commode, sink, and floor cleaned daily. Not keeping your room and bathroom clean will result in a write-up or yellow tag.
2. Daily chores for the common areas will be assigned to Residents and posted in a common area. Residents are expected to complete their chores by the time indicated. Failure to complete assigned chores will result in a writeup or yellow tag..
3. **Cleaning up after oneself is mandatory**. You are required to wash your own dishes/pans. Do not leave dishes for someone else to clean up for you. Failure to do so will result in a write-up or yellow tag.

**COMPLIANCE, CURRICULUM & MEETINGS**

Our program is centered around personal development through Biblical disciplines, life-skills classes and establishing the foundations of recovery through Counseling and Substance abuse classes.

1. Residents may not study any other religion or bring any other religious materials on property that contradict the teachings of Jesus
2. Residents are required to attend all TPH meetings unless informed by Leadership that it is optional.
3. Residents are required to attend Sunday morning, Sunday evening and Wednesday evening church.
4. Repeated program compliance issues, habitual absences, dishonesty or general unwillingness to make progress in your recovery will result in dismissal from the TPH Recovery program.

***ROOMS***

1. No furniture shall be added to or removed from any room for any reason without prior approval from Leadership.
2. Beds must be made every morning and rooms cleaned by 7:30AM. Write-ups or yellow tags may be given for dirty rooms. (i.e. clothes on floor, trash, dirty dishes, beds not made, etc.).
3. No dishes should be in resident’s room except for drinking cup
4. No resident should be in another resident’s room for any reason without permission
5. Bedrooms are private and should be respected. Do not enter a room without permission.
6. Doors are not to be locked from the outside and only locked from inside when changing clothes. If you have valuables you would like locked up, then purchase a lock-box or leave valuables with family. We are not responsible for any stolen or lost property.
7. Bedding is to be washed weekly.
8. TPH may search personal belongings at any time - including but not limited to bedrooms, closets, dressers, nightstands, vehicles, luggage, etc. - for contraband items.
9. Keep the noise level down after ten (10:00 pm) on weeknights.

**We are a tobacco free program. Smoking, Dipping, chewing tobacco, vaping and nicotine pouches are not allowed**

**Cell phones are not allowed during the entirety of Phase 1**

**15 minute Phone calls are permitted on Saturdays (After the first 30 days of residency)**

**Visitation is permitted on Sundays from 10am until 2pm. (After the first 30 days of residency)**

**Vehicles are not permitted during the entirety of Phase 1**

**Residents who do not adhere to all of phase 1 requirements will not graduate in phase 2**

**Initials \_\_\_\_\_**

**Print Name X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PHASE 2***

**Workforce Development and training phase**

Phase 2 allows the resident 90 days to go through Workforce Development and training. This is a powerful bridge between recovery and reintegration equipping residents not just with skills, but with confidence, purpose, and dignity.

1. Residents must Participate in Hands-on training in trades (e.g., carpentry, plumbing, landscaping, culinary arts)
2. Residents must participate in On-site work opportunities (e.g., thrift store operations, food distribution, facility maintenance)
3. Residents will learn Basic computer literacy: email, word processing, spreadsheets
4. Residents will be Introduced to online job applications and virtual interviews
5. Residents will undergo Training in inventory systems or point-of-sale software (thrift store)

**Cell phones are permitted during phase 2**

**Overnight passes are permitted with family on Friday night during phase 2**

**Vehicles are not permitted during the entirety of Phase 2**

**Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PHASE 3***

**REINTEGRATION PHASE (15 Months)**

***EMPLOYMENT***

1. Residents must obtain a full time job (36-40 hrs/wk).
2. If a resident is dismissed from their job due to their own fault, they will be dismissed from the program.
3. Residents leaving a job must work a notice.
4. If a resident quits their job and does not have another job lined up, they will be dismissed from the program.

***FINANCIAL RESPONSIBILITY***

1. Residents are responsible for weekly program fees ($200).
2. Weekly program fees are due each Friday by 8PM. If a payment is made after 8pm on Friday, a $35 late fee will be assessed. If the weekly program fee is not paid by Sunday night at 8pm, the resident will be dismissed from the program.

***PERSONAL VEHICLES***

1. Residents can have a car provided they receive permission, have a valid driver’s license, and the vehicle is registered and insured in their name.
2. Residents are not allowed to drive The Prodigals Home vehicles without approval.
3. Residents MUST provide Leadership with make, model, driver’s license, registration and insurance information before vehicle is allowed on the property. (Exceptions must be approved by Leadership)
4. Residents are not allowed to loan their car to another Resident for any reason.

***VISITORS, CURFEW AND MEETING ATTENDANCE***

1. No visitors are allowed on TPH properties under the influence of alcohol and/or drugs. All residents and visitors are subject to search by any means required or deemed necessary to ensure compliance.
2. All packages and deliveries are subject to immediate inspection. Any violation will result in immediate dismissal and possible police intervention or prosecution.
3. No active users or drinkers are allowed on the property at any time.
4. Visitors are not allowed to “hang-out” in houses without prior approval. There are other Residents living in our recovery community whose privacy must be respected.
5. Residents must respect the anonymity of all other Residents. Resident information is confidential.
6. Visitors are only allowed on the property Saturdays from 12pm to 8pm. (No more than 3 hours per visit)
7. Visitors are only allowed in the common areas (Living room and dining). (No visitors in bedrooms).
8. Loitering in cars by visitors and/or Residents outside the facility is not permitted at any time and could be construed as mischievous behavior resulting in discharge.
9. Children under 18 can only visit with adult supervision. (No children can be “dropped off” at the facility)
10. Curfew is 10pm Sunday through Thursday and 11pm Friday and Saturday
11. Weekday overnight passes are not permitted. (You must be home by your curfew).
12. Residents must attend three meetings Monday-Friday and attend a church service on Sunday morning. It is the responsibility of the resident to inform Leadership where they will be attending Sunday morning church. Failure to do so indicates an absence, resulting in a write up.

**Initials \_\_\_\_\_**

**YELLOW TAGS AND WRITE UPS**

You will be **Written up** for the following things:

✓ Entering another resident’s room without permission

✓ Fire hazard. (i.e. Stove/oven left on, dryer lint filter not cleaned, or irresponsibly leaving candles or incense etc.)

✓ Unexcused absence from any mandatory meeting.

✓ Not calling and checking in with case manager when on weekend pass.

You will be **yellow tagged** for the following things:

(3 yellow tags equals 1 write up) (ONLY 3 YELLOW TAGS ALLOWED)

✓ Assigned chores not completed

✓ Dishes left in sink, common areas, or bedrooms.

✓ Leaving food items out in kitchen overnight

✓ Leaving clothes in washer/dryer when absent from house or overnight

✓ Leaving bathroom messy and/or unsanitary

✓ Eating another Resident's food without permission (this is stealing)

***6 WRITE UPS WILL RESULT IN RESIDENTS DISMISSAL FROM TPH***

***Repeated program compliance issues, habitual absences, dishonesty or general unwillingness to make progress in your recovery will result in dismissal from The Prodigals Home program.***

***Failure to comply with the previously mentioned rules will result in a write-up and/or dismissal. six write-ups in a 12 month period will result in dismissal from the program.***

**Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_**

**ACKNOWLEDGMENT OF STATUS & AFFIRMATION OF HOUSE CONTRACT**

I acknowledge and understand that if accepted at by The Prodigals Home into their Recovery Program, my status will be that of a Resident in the community and not a tenant, and that I will have none of the rights of a tenant under S.C. Code Ann. § § 27-40-10 to 27-40-940 Landlord-Tenant Laws. I further understand that in order to continue in the program I must abide by all rules and guidelines set forth in the Rules, along with the RESIDENT EXPECTATIONS AND GUIDELINES, and that I may be dismissed from the program as a result of my failure to abide by any such rules at the sole discretion of the Case Manager or Executive Director. If I am dismissed, I must leave the premises immediately. I hereby waive any and all rights, if any, I may have under S.C. Code Ann. § § 27-40-10 to 27-40-940 Landlord-Tenant Laws. I further agree that if The Prodigals Home needs to employ an attorney to enforce my removal from the premises, I will be responsible for all legal fees associated with such removal.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Services Waiver and Release**

The Prodigals Home Transportation Services

Please read this form carefully and be aware that in consideration for the Prodigals Home Transportation services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that The Prodigals Home is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume full risk of any injuries, damages, or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages, and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against The Prodigals Home, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as “Party”).

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services.

I further agree that this agreement I shall be governed by the laws of the state of South Carolina.

I have read and fully understand the above waiver and release all claims.

**Please print Resident’s name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residents Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***WAIVER AND RELEASE OF LIABILITY***

In consideration of the risk of injury while participating in The Prodigal's Home Work Program (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge The Prodigal's Home, located at 192 Oakwood Rd, Jonesville, South Carolina 29353, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM**

**PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE**

**RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN**

**THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR**

**PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY**

**OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL**

**LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE**

**FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE**

**CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED**

**RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY,**

**INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless The Prodigal's Home against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If The Prodigal's Home incurs any of these types of expenses, I agree to reimburse The Prodigal's Home.

I acknowledge that The Prodigal's Home and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of The Prodigal's Home.

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S**

**PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH,**

**SERIOUS INJURY, AND PROPERTY LOSS.** The risks may include, but are not limited to, those

caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND**

**FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO**

**RELEASE AND DISCHARGE The Prodigal's Home AND ALL OF ITS AFFILIATES,**

**MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS,**

**REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND**

**ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR**

**WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST The Prodigal's Home FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of The Prodigal's Home, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be

interpreted as an agreement between two parties of equal bargaining strength. Both the

Participant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and The Prodigal's Home agree that this

Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

**Emergency Contact, Relationship, Telephone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

**Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDIA RELEASE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission to The Prodigal’s Home, hereinafter known as the “Media” to use my image (photographs and/or video) for use in Media publications including:

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_