

# Discernment Retreat

## Liability / Medical Release Form

**Instructions:** carefully read this Form and sign it. Please write information legibly. If you have any legal questions, contact an attorney.

Participant's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ / Grade: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Emergency Contact

Contact's name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Nature of Event

I understand that the \_\_\_\_\_, \_\_\_\_\_ Discernment Retreat is sponsored by the Congregation of St. Joseph and that it will last from 7:00 PM on Sunday to 12:00 noon on Monday.

### Nature of Risks

I understand that participating in the various activities connected with the Discernment Retreat, including transportation to and from, as well as during the Retreat, may involve certain risks beyond the reasonable control of the Congregation of St. Joseph, the Discernment Retreat organizers and its director, officers, volunteers and agents, including, but not limited to, accidents, emergencies, exposure to reckless conduct of other persons and/or negligence on the part of the Congregation of St. Joseph and of the St. Leonard Retreat Center personnel, and that the Congregation of St. Joseph disclaims any and all responsibility for any such risks.

### Waiver of Liability

By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my heirs, successors, and assigns. For value received, I agree to assume all risks and hold harmless and defend the Discernment Retreat, the Congregation of St. Joseph and their agents with respect to any and all actions, claims or demands that may be brought against the Discernment Retreat, the Congregation of St. Joseph, the St. Leonard Youth Retreat Center and their agents arising out or in connection with travel to or from, or participation in the event, or any other activity I may engage in during this event. I agree to compensate the Congregation of St. Joseph and their agents for reasonable attorney's fees and expenses arising in connection therewith.

**Medical Release**

In the event of injury or illness to myself during the duration of the event, and reasonable attempts to contact me or another person at the provided numbers having proven unsuccessful, I hereby give my full consent for the administration of emergency medical treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring on the necessity for such surgery, are obtained prior to the performance of such surgery.

**Permission**

Based upon all the foregoing, I freely choose to participate in the Discernment Retreat of \_\_\_\_\_, \_\_\_\_\_. I fully understand the consequences of and sign this Liability Waiver, Medical Release and Permission Knowingly, freely and willingly. I also give permission for pictures of myself to be published in the St. Leonard Youth Retreat Center website.

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_