

# John6:35 Eucharistic Youth Retreat

September 26 (6:30 PM-11:00 PM), September 27 (8:00 AM-10:00 PM),  
and September 28, 2008 (8:00 AM-12:30 PM)

## LIABILITY RELEASE FORM - RELEASE OF ALL CLAIMS

**IMPORTANT:** This form must be signed by ALL participants who are 18 or older. If participant is under 18, the form must be signed by a parent or legal guardian and the participant must be accompanied by a chaperone. Neither John 6:35 Eucharistic Youth Retreat, the Retreat location, sponsoring parishes, nor the Diocese of Raleigh are responsible for providing chaperones.

The undersigned do hereby release, forever discharge and agree to hold harmless John 6:35 Eucharistic Youth Retreat, the Retreat location, sponsoring parishes, and Bishop Michael Burbidge, trustee for the Diocese of Raleigh from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older).

The undersigned further agree to indemnify and hold John 6:35 Eucharistic Youth Retreat, the Retreat location, sponsoring parishes, and Bishop Michael Burbidge, trustee for the Diocese of Raleigh, and respective members, directors, employees, and agents (collectively, the Indemnities,) harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

If participant is under 18 years of age -1-, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in John 6:35 Eucharistic Youth Retreat and all of its activities and hereby give permission to John 6:35 Eucharistic Youth Retreat, the retreat location authority, sponsoring parishes, and the Diocese of Raleigh to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

**-1- Participants MUST BE AT LEAST 13 YEARS OF AGE. No one under 13 will be admitted.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email 2: \_\_\_\_\_

2: Your e-mail address will not be used for any purpose other than correspondence regarding the **John 6:35 Eucharistic Youth Retreat**

### IF PARTICIPANT IS UNDER 18

Name and signature of Parent (s) or Legal Guardians (s)3

(1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name (please print) signature phone date

(2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name (please print) signature phone date

Name of Chaperone (Chaperone MUST BE 21 OR OLDER) 3 \_\_\_\_\_  
Name (please print) phone

Parish Group (if applicable): \_\_\_\_\_

3 The signature and phone number (with area code) of parent(s) or legal guardian(s) and chaperone MUST BE PROVIDED OR FORM WILL BE RETURNED.

### IF PARTICIPANT IS OVER 18

Please Sign and Date the Liability form here:

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name (please print) signature emergency phone contact date

ONLINE REGISTRATIONS MUST SEND THIS SIGNED & COMPLETED FORM TO FOLLOWING ADDRESS!!  
JOHN 6:35, In His Name, Inc., 240-104 Newton Road, Raleigh, NC 27615

**MEDICAL INFORMATION FORM** (Please fill in all information)

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Allergies (especially foods): \_\_\_\_\_

Special Dietary Concerns : \_\_\_\_\_

Current Medications: \_\_\_\_\_

Chronic Conditions: (i.e., epilepsy, diabetes, asthma) \_\_\_\_\_

Participant has parental Permission to self medicate, (prescription &/or Non-prescription), as needed? **YES NO** (circle one)

**In case of EMERGENCY please contact:**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

**TO COMPLETE REGISTRATION PROCESS AND ASSURE SPACE:**

Please return this form (Liability Release form on the reverse side of this sheet must also be completed and signed) along with a **\$35 registration fee for each participant and chaperone**. T-shirts are available for \$5.00 more. For group registrations, please send one parish, school, or personal check to cover the total number of students and chaperones (\$35 for each participant and chaperone). Registrations will be accepted up to 9:00 am Saturday Sept. 27<sup>th</sup>. Please notify us in advance if you are planning to attend so we can plan meals. Thank you.

Check should be made payable to : John 6:35 Youth Retreat., and mailed to:

**John 6:35 Eucharistic Youth Retreat  
c/o In His Name, Inc  
240-104 Newton Road.  
Raleigh, NC 27615**

**ONLINE REGISTRATIONS MUST SEND THIS COMPLETED FOR TO THE SAME ADDRESS!!**

**GROUP REGISTRATION** (This section is for Group Leaders only.)

Contact Person: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Number of participants: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

**Every participant under 18\* must be chaperoned. Chaperones MUST BE 21 or older and be qualified .  
THERE MUST BE ONE CHAPERONE FOR EVERY ONE TO SEVEN PARTICIPANTS UNDER 18.  
\*Participants MUST BE AT LEAST 13 YEARS OF AGE. No one under 13 will be admitted.**

Name of adult chaperone responsible for the following participants: \_\_\_\_\_  
Name (please print)

Names of participants you will be chaperoning:  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_