

TIMBER LAKE YOUNG ADULT RETREAT REGISTRATION FORM

Sponsored by the Diocese of Rapid City, Vocations Office, PO Box 678, Rapid City, SD 57709
August 13-15, 2010

Name _____ Birth Date _____ Age ____ Gender: M F
Address _____ City _____ State ____ Zip _____
Phone # _____ E-mail _____
Emergency Contact _____ Phone _____
Doctor's Name _____ Phone _____
Current Medications _____
Allergies or Other Medical Concerns _____
Insurance Company _____ Policy # _____

The undersigned do hereby release, forever discharge and agree to hold the Diocese of Rapid City and the participating seminary harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (if participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older).

The undersigned further hereby agree to indemnify and hold the Diocese of Rapid City, the participating seminary, and their respective members, directors, employees, and agents (collectively, the 'indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for the above named participant to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, 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.

If participant is 18 or older: I hereby give my permission to take me, the above named participant, to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, I fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for me, the above named participant, to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs.

If participant is under 18 years of age: We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for the above named participant to stay overnight in a room throughout the duration of the event with a chaperone and other retreatants who are 18 or older. The chaperone is designated by the Diocese of Rapid City and the Office of Vocations. I understand that this chaperone will have undergone a background check prior to assignment as a chaperone.

Without compensation, I hereby grant permission to the Diocese of Rapid City to use and reproduce photographs of me or my child, the above named participant. These photographs may be used for news and editorial purposes in publications, electronic reproductions (web sites), and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists, and the publications or media outlets they represent as well as the Diocese of Rapid City, from all claims and liability relating to said photographs.

Participant Signature: _____ Date: _____

Cost: \$35

Deadline for Registration: August 9

Return form & payment to:

Office of Vocations
Diocese of Rapid City
PO Box 678
Rapid City, SD 57709