



SOURCE & SUMMIT 2010 LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS
MUST BE COMPLETED BY ALL PARTICIPANTS (including Chaperones)

RETREAT FEE: \$35.00

Includes lunch and dinner on Saturday
Does NOT include housing

Retreat Fee waived for those in need. Please contact Source & Summit Team at (219) 365-5678 ext. 254

Send completed form & Retreat Fee (checks payable to SJE) **by April 2, 2010** to:
St. John the Evangelist Parish (c/o Source & Summit)
11301 W. 93rd Avenue
St. John, IN 46373-9175

Please check one:

Student

Chaperone

Name of Activity: *Source & Summit*

Location: **Andrean High School**
5959 Broadway, Merrillville, IN 46410

Date of Activity: April 23-25, 2010

Website: www.sourceandsummitretreat.org

The undersigned do hereby release, forever discharge and agree to hold harmless St. John the Evangelist Parish, the Diocese of Gary and Andrean High School 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).

The undersigned further agree to indemnify and hold St. John the Evangelist Parish, the Diocese of Gary and Andrean High School and its 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, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the *Source & Summit* Retreat and all of its activities and hereby give permission to St. John the Evangelist Parish, the Diocese of Gary and Andrean High School 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), as parents or guardians assume all responsibility and transportation costs.

This form MUST be signed by ALL participants. If participant is under 18, parent or legal guardian must sign.

PARISH NAME/GROUP _____

NAME _____ AGE ____ SEX: M ____ F ____

ADDRESS _____

CITY, STATE, ZIP _____ TELEPHONE (____) _____

****PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE**

1) _____ DATE _____

2) _____ DATE _____

CHAPERONE'S NAME _____

****PARTICIPANT'S SIGNATURE (if 18 or older)** _____

NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE A WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE THE RETREAT DURING RETREAT HOURS.

Chaperones will need to have attended a VIRTUS "Environment for Safe Children" session as required by the Diocese of Gary or comparable Diocesan program before being allowed to chaperone.

There **MUST** be one chaperone for every seven youth.

(Duplicate this form for ALL participants)