



# SOURCE & SUMMIT 2011 LIABILITY RELEASE FORM

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

Please check one:

Student

Chaperone

## RETREAT FEE: \$40

Includes lunch and dinner on Saturday

Does **NOT** include housing. To inquire about housing for groups, contact Source & Summit Team  
Retreat Fee waived for those in need. Please contact Source & Summit Team.

Source & Summit Team can be reached at (219) 365-5678 ext. 254

Send completed form & Retreat Fee (checks payable to SJE) by **March 11, 2011** to:  
St. John the Evangelist Parish (c/o Source & Summit)  
11301 W. 93rd Avenue  
St. John, IN 46373-9175

Name of Activity: **SOURCE & SUMMIT**

Location: **Bishop Noll Institute  
1519 Hoffman Street Hammond, IN 46327**

Date of Activity: April 1-3, 2011

Website: [www.sourceandsummitretreat.org](http://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 Bishop Noll Institute 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 Bishop Noll Institute 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 Bishop Noll Institute 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 \_\_\_\_

PARTICIPANT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

\*\*PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE  
1) \_\_\_\_\_ 2) \_\_\_\_\_ DATE \_\_\_\_\_

MAIN CHAPERONE NAME \_\_\_\_\_

\*\*PARTICIPANT'S SIGNATURE (if 18 or older) \_\_\_\_\_

**DOES YOUR GROUP REQUIRE ACCOMMODATIONS? (Circle One) YES OR NO**

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)**