

YOUTH 2000 RETREAT LIABILITY FORM

REGISTRATION FEE: \$60.00

* Includes lunch and dinner on Saturday -does NOT include housing *

Please complete and send the online or paper **registration form, \$60.00 Registration Fee**
(checks payable to "St. Mary and St. John the Baptist Parishes")
and completed **Liability Release Form** below **by April 10th, 2023** to:

*St. Mary and St. John the Baptist Parishes
attn: Bethany Doll
528 2nd Street
Menasha, WI 54952*

*****LIABILITY RELEASE FORM BELOW MUST BE COMPLETED BY ALL PARTICIPANTS*****

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: YOUTH 2000 Retreat
Telephone: 920.725.7714

Location: 528 2nd Street, Menasha, WI
Date of Activity: April 21st, 22nd, 23rd, 2023

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., and St Mary Parish, St John the Baptist Parish, St Patrick Parish, St Gabriel Parish, St Margaret Mary Parish and the Green Bay Diocese, 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 YOUTH 2000, Inc., St Mary Parish, St John the Baptist Parish, St Patrick Parish, St Gabriel Parish, St Margaret Mary Parish, the Green Bay Diocese 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 YOUTH 2000 Retreat and all of its activities and hereby give permission to YOUTH 2000 and St Mary Parish, St John the Baptist Parish, St Patrick Parish, St Gabriel Parish, St Margaret Mary Parish and the Green Bay Diocese 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.

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

NAME _____ AGE _____ SEX: M ____ F ____

ADDRESS _____ E-mail address: _____

CITY, STATE, ZIP CODE _____

TELEPHONE (_____) _____ CELL PHONE (_____) _____

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

(1) _____ DATE _____

(2) _____ DATE _____

PARISH/GROUP _____ CHAPERONE'S NAME _____

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

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