

YOUTH 2000 RETREAT LIABILITY RELEASE FORM RELEASE OF ALL CLAIMS

*****LIABILITY RELEASE FORM BELOW MUST BE COMPLETED & SIGNED FOR ALL PARTICIPANTS*****

Name of Activity: YOUTH 2000 Retreat

Location: Nolan Catholic High School, 4501 Bridge St., Ft. Worth, TX 76103

Telephone: Registration: 817-560-3300 ext. 255 www.fwdiocyouthretreat.org

General Information: 817-558-9805 www.fwdiocyouthretreat.org

Date of Activity: April 13, 14, 15, 2012

Mail this and all the other completed forms listed in the Registration Instructions to:

Divine Mercy Committee, 4433 Fair Ridge Dr., Aledo, TX. 76008

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., the Diocese of Fort Worth, and Nolan Catholic 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, 18 or older).

The undersigned further agree to indemnify and hold YOUTH 2000, Inc., the Diocese of Fort Worth and Nolan Catholic High School 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 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, the parent or legal guardian of the participant, do hereby grant permission for my child to participate fully in the YOUTH 2000 Retreat and all of its activities. In the event that neither the chaperone nor I can be reached, I hereby give permission to the agents of YOUTH 2000, the Diocese of Fort Worth and Nolan Catholic 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 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 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: Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Parish/Group _____ Address _____ City _____

Youth Leader's or Parent/Chaperone's Name _____ Cell _____

⇒ **Participant's signature (if 18 or older)** _____ Date _____

⇒ **Parent or Legal Guardian Signature** _____ Cell _____ Date _____

All chaperones must fulfill and be in compliance with their Diocesan policies and requirements for providing a safe and secure environment for minors.

EACH CHAPERONE and/or volunteer with youth MUST SUBMIT A LETTER FROM THEIR PARISH OR DIOCESE SAYING THEY ARE IN COMPLIANCE. A PERSON CANNOT VOUCH FOR THEMSELVES THAT THEY HAVE COMPLIED. NOTE: Online Renewal Certificate will not suffice.

If you are registering with a parish/school/group, send this and all other forms to your parish/school/group leader coordinating the group that will be attending the YOUTH 2000 retreat.

Each Parish/School/Group Leader acknowledges responsibility that all Fort Worth Diocesan Forms are signed, filled out, and turned in as designated in the Registration Instructions.

NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE :

(1) A DESIGNATED LEADER/CHAPERONE (1 leader to 6 participants) and

(2) WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN IF PLANNING TO LEAVE THE RETREAT DURING RETREAT HOURS. (Chaperone must accompany minor with note to door monitor)