

YOUTH 2000 RETREAT
LIABILITY RELEASE FORM

Registration Fee: Early Bird Discount = \$40 per person (mailed by March 19)

Registration Fee = \$50.00 per person (mailed after March 19)

***Make check payable to Diocese of Fort Worth and mail with payment form, a completed Youth 2000 liability release form per each person, and all diocesan forms to:
Divine Mercy Committee, 4433 Fair Ridge Drive, Aledo Texas 76008***

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: 817-560-2452 ext. 255 www.fwdioc.org

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

Date of Activity: April 9,10,11, 2010 (Feast of Divine Mercy)

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 adult, age 18 and over and out of high school 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: 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)**
- **If you are registering with a parish/school, send all forms to your parish/school leader coordinating the group that will be attending the Youth 2000 retreat**