Event: **Adult Youth Leader Retreat** **Adult Participant**

Location: **King's House Retreat and Renewal Center**
Dates: **February 28-March 1st, 2020**

Information

Participant's Name_____ _____ _____ M/F_____ DOB_____
First MI Last

Email_____

Parish Name_____

Medical History – Please have your insurance card with you at all times (or a copy)

Allergies:_____

Special Needs:_____

Emergency Contact

First_____ Last_____

Home Phone#_(_____)_____ Cell Phone# _(____)_____

Relationship:_____

Agreements

1. In signing this form, I hereby state that the information included in this form is correct.
2. In the event that I am not coherent or conscious, I hereby grant the staff, volunteers or agents of the Archdiocese of St. Louis permission to act on my behalf in seeking emergency medical treatment for myself in the even that such medical treatment is deemed necessary.
3. I agree to accept any and all financial responsibility as a result of emergency medical treatment.
4. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates, and its and their employees, volunteers and agents, harmless from any injury to myself or damage to or loss of my personal property not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents.
5. I hereby give permission to the Archdiocese of St. Louis to use any photographs or video footage taken of me in print and on their website for promotional purposes.

Participant's Signature:_____ Date:_____