

**HOLY TRINITY JUBILEE PARK INC. (HTJP)
CENTER FOR EVANGELIZATION
LIABILITY RELEASE, MEDICAL AND TRANSPORTATION AUTHORIZATION,
AND REGISTRATION FORM**

1. I, _____ (print) the undersigned Retreat Participant do release, forever discharge and agree to hold harmless the Diocese of Arlington, Legion of Mary, and Holy Trinity Jubilee Park Inc., including but not limited to their respective staff, volunteers, priests and advisors from and against any and all liability, claims, demands, lawsuits, and expenses arising from the personal injury, sickness, death, or personal property damage of any nature whatsoever which may be incurred or suffered by the undersigned participant while attending the Retreat/Program on the following date(s): _____

2. Furthermore, the undersigned also does hereby assume all risk of personal injury, sickness, death, damage, and expenses arising from his/her participation in all activities. Further, I do also hereby give authorization and permission to be given all necessary transportation to and from the HTJP retreat locations.

3. I give permission for photographing and videotaping with the possibility of these pictures being posted on the HTJP Face Book and website, including for newspaper and magazine publicity.

4. The undersigned does further hereby agree to indemnify and hold harmless the Diocese of Arlington, Legion of Mary, and Holy Trinity Jubilee Park Inc. including but not limited to their respective staff, volunteers, priests and advisors from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney's fees and expenses sustained by the indemnities as a result of the negligent, willful, or intentional acts of the participant.

5. The undersigned hereby grants permission to participate fully in all activities. I also specifically give my permission to the retreat staff to take me to a doctor or hospital should the need arise in the estimation of the staffers. I further hereby authorize the HTJP staffers to agree to any needed medical treatments for me, including but not limited to emergency surgery and I hereby agree fully and completely to assume responsibility for any such medical bills.

The undersigned acknowledges responsibility to provide truthful and current health information. The undersigned further understands and acknowledges that failure to disclose relevant information may cause harm to him/her, and/or others during participation in the events at the park. The undersigned further represents and warrants that he/she has provided all materials and important information pertaining to medical, mental, and physical condition related to him/her and agree to notify HTJP of any changes in the medical, physical, or medical condition prior to the scheduled event.

Allergies: _____

Medical/Mental Condition: _____

Physical Limitations: _____

Medications: _____

6. I further acknowledge that all the retreat programs are strictly voluntary, and it is always the responsibility of the participant to limit his/her participation in any way that he/she deems appropriate. Participant agrees and acknowledges by his/her signature below that he/she is to obey all rules and all safety regulations. I hereby acknowledge my understanding that I may not be able to adequately perform certain activities and that all such participation is left entirely to the discretion of HTJP staffers as to any or all of the activities. Further, I also acknowledge and agree that should it be necessary for me to return home due to medical reasons, failure to follow safety regulations, or otherwise, who signs below shall assume all responsibilities and transportation costs.

Name of Participant: _____

Age: _____ Parish: _____

Address: _____

Email: _____

Home # _____ Cell # _____

SIGNATURE AND AGREEMENT OF PARTICIPANT: _____ Date of Signature: _____

