



**ACTS RETREAT  
LIABILITY RELEASE FORM**

**DIRECTOR:  
Beth Pape**

**DATES: May 16-19, 2019**

**PARTICIPANTS INFORMATION: (PLEASE PRINT)**

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I give permission for my contact information to be included in rosters used by this ministry or distributed to participants. I understand that information will never be released or sold to 3<sup>rd</sup> parties.

**BIRTHDATE:** \_\_\_\_\_

**GENDER:** MALE OR FEMALE **SHIRT SIZE:** \_\_\_\_\_

**EMERGENCY CONTACT:**

**NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**Are you a registered parishioner at St Jerome?** \_\_\_\_\_

**Have you been on an ACTS retreat before with St Jerome?**  
\_\_\_\_\_

**With another parish?** \_\_\_\_\_ **On team?** \_\_\_\_\_

**HEALTH INFORMATION**

**DOCTOR:** \_\_\_\_\_

**DOCTOR PHONE #:** \_\_\_\_\_

**INSURANCE CO:** \_\_\_\_\_

**INSURANCE ID:** \_\_\_\_\_

**INSURANCE GROUP #:** \_\_\_\_\_

**ALLERGIES (INCLUDING MEDS OR FOOD):** \_\_\_\_\_

**PARTICIPANT'S CHRONIC MEDICAL PROBLEMS: (E.G. DIABETES)**  
\_\_\_\_\_

I, \_\_\_\_\_, will be participating in a St. Jerome ACTS Retreat. I am fully aware that my own participation in the St. Jerome ACTS Retreat is totally voluntary. In consideration of St. Jerome's agreement to permit me to participate in the ACTS retreat, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

- I, individually and my respective heirs, successors, assigns and personal representatives, hereby:
1. Release, acquit and forever discharge St. Jerome Catholic Church, St. Jerome ACTS Core, St. Jerome ACTS Retreat ministry and the site organization(s) and their employees, agents, servants, officers, trustees and representatives in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my participation in St. Jerome ACTS retreat which may sustain or be suffered by me or any person in connection with, or participation in activities at, sponsored by or arising out of my travel to or from the St. Jerome ACTS Retreat.
  2. Agree to indemnify, defend and hold harmless St. Jerome Catholic Church, St. Jerome ACTS Core, St. Jerome ACTS Retreat ministry and the site organization(s) and their employees, agents, servants, officers, trustees and representatives in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, cost or expenses including attorney fees, which result from or are related to my participation in a St. Jerome ACTS retreat including my travel to or from the St. Jerome ACTS retreat.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities including but not limited to bodily injury that could result from my participation in a St. Jerome ACTS Retreat. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of St. Jerome's permission to allow me to participate in the St. Jerome ACTS Retreat.
2. My personal property is at my risk entirely;
3. St. Jerome Catholic Church reserves the right to decline to accept or retain me at the St. Jerome ACTS Retreat should my actions or general behavior impede the operation of the St. Jerome ACTS Retreat Ministry or the rights or welfare of any person. I understand that I may be required to leave the St. Jerome ACTS retreat at the sole discretion of St. Jerome Catholic Church agents or Representatives. In such an event, no refund will be made for any unused portion of St. Jerome ACTS Retreat. I understand that St. Jerome Catholic Church, at its sole discretion, reserves the right to cancel the St. Jerome ACTS Retreat or any aspect thereof prior to commencement.

I represent and warrant that I am covered throughout the St. Jerome ACTS Retreat by a policy of comprehensive health and accident insurance, which provides coverage for injuries, which I sustain as part of my participation in the St. Jerome ACTS Retreat. I agree to complete the health information to the best of my ability and by its completion, I hereby release and discharge St. Jerome Catholic church, St. Jerome ACTS Core, St. Jerome ACTS Retreat ministry and the site organization(s) and their employees, agents, servants, officers, trustees and representatives in their official and individual capacities of all responsibility and liability for any injuries. By completing the form, I authorize St. Jerome Catholic Church to obtain any necessary medical treatment to myself, consent to any necessary examination, treatment or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize St. Jerome Catholic Church to release medical information about me to any person or entity to whom St. Jerome Catholic Church refers me for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Texas and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this agreement must be brought in a Bexar County, Texas Court.

I hereby grant to St. Jerome Catholic church, St. Jerome ACTS Core, St. Jerome ACTS Retreat ministry and the site organization(s) and their employees, agents, servants, officers, trustees and representatives in their official and individual capacities, my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my voice, image and/or likeness that arises my participation in St. Jerome ACTS retreat whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes at St. Jerome Catholic Church's sole discretion.

In signing this Agreement, I hereby acknowledge and represent and I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

**Signature:**

\_\_\_\_\_

**Print Name:**

\_\_\_\_\_

**Date:** \_\_\_\_\_