

# **SOURCE & SUMMIT 2008 REGISTRATION**

**REGISTRATION FEE: \$35.00**

Includes lunch and dinner on Saturday

Does NOT include housing

Registration Fee waived for those in need. Please contact PJ Anderson at (219) 365-5678 ext. 263 or by email at [panderson@stjohnparish.org](mailto:panderson@stjohnparish.org)

Send \$35.00 Registration Fee (checks payable to St. John the Evangelist Parish) and the completed Liability Release Form below **by April 7, 2008** to:

St. John the Evangelist Parish  
11301 W. 93rd Avenue  
St. John, IN 46373-9175

**\*\*\*LIABILITY RELEASE FORM BELOW MUST BE COMPLETED BY ALL PARTICIPANTS (including Chaperones)\*\*\***

## **LIABILITY RELEASE FORM - RELEASE OF ALL CLAIMS**

**Name of Activity:** *Source & Summit*

**Location:** **Andrean High School**  
**5959 Broadway, Merrillville, IN 46410**

**Date of Activity:** April 25-27, 2008

**Contact:** (219) 365-5678 ext. 263 or [panderson@stjohnparish.org](mailto:panderson@stjohnparish.org)

The undersigned do hereby release, forever discharge and agree to hold harmless St. John the Evangelist Parish, the Diocese of Gary and Andrean 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).

The undersigned further agree to indemnify and hold St. John the Evangelist Parish, the Diocese of Gary and Andrean High School and its 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 (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the *Source & Summit* Retreat and all of its activities and hereby give permission to St. John the Evangelist Parish, the Diocese of Gary and Andrean 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 (we) 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 (we), as parents or guardians 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: M \_\_\_\_ F \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

**\*\*PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE**

(1) \_\_\_\_\_ DATE \_\_\_\_\_

(2) \_\_\_\_\_ DATE \_\_\_\_\_

PARISH/GROUP \_\_\_\_\_ CHAPERONE'S NAME \_\_\_\_\_

**\*\*PARTICIPANT'S SIGNATURE (if 18 or older)** \_\_\_\_\_

**NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE A WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE THE RETREAT DURING RETREAT HOURS.**

Chaperones will need to have attended a VIRTUS "Environment for Safe Children" session as required by the Diocese of Gary before being allowed to chaperone.

**There MUST be one chaperone for every seven youth. Adult leader responsible for following youth:**

**Chaperone Name:** \_\_\_\_\_

Youth 1) \_\_\_\_\_ Youth 2) \_\_\_\_\_  
Youth 3) \_\_\_\_\_ Youth 4) \_\_\_\_\_  
Youth 5) \_\_\_\_\_ Youth 6) \_\_\_\_\_  
Youth 7) \_\_\_\_\_

**(Please feel free to duplicate this form)**