

# **Pan de Vida RETREAT REGISTRATION**

**REGISTRATION FEE: \$50.00**

**MAKE CHECKS PAYABLE TO: PAN DE VIDA**

\* Includes Lunch & Dinner on Saturday \* Does not include housing

Form must be completed and turned in to Lizette Suarez by Jan 10<sup>th</sup>, 2018

Holy Rosary Church

1313 A Street, Antioch CA 94509

**\*\*\*LIABILITY RELEASE FORM BELOW MUST BE COMPLETED BY ALL PARTICIPANTS\*\*\***

## **LIABILITY RELEASE FORM**

### **RELEASE OF ALL CLAIMS**

Name of Activity: *Pan de Vida* Retreat  
Telephone: Linda Korteum 925- 625-4131

Location: Immaculate Heart of Mary Church  
Date of Activity: February 9, 10, & 11, 2018

The undersigned do hereby release, forever discharge and agree to hold harmless *Pan de Vida*, and Immaculate Heart of Mary and the Diocese of Oakland 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 *Pan de Vida*, and Immaculate Heart of Mary Church and the Diocese of Oakland 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 *Pan de Vida* Retreat and all of its activities and hereby give permission to *Pan de Vida* Retreat, Immaculate Heart of Mary Church and the Diocese of Oakland 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) assume all responsibility and transportation costs. I also understand that photographs or videos of the young people (including my child) will be taken during the retreat and may be used on the website or other *Pan de Vida* media (exclusively) material.

**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 CODE \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

**\*\*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.**