ACTS Retreat Registration & Release Form

Consolidated Registration, Health, Photo Consent & Liability Release

Please complete all required (*) fields. You may type directly into this form and save.

Participant Information

First Name *

Last Name *

Date of Birth (MM/DD/YYYY) *

Age

Address Line 1 *

Address Line 2

City *

State *

ZIP *

Phone *

Email *

Parish

St. Catherine of Siena

Event Name

ACTS Retreat

Primary Contact (Emergency / Spouse / Family / Friend)

Contact Name *

Relationship *

Contact Phone *

Contact Email

Retreat Background

Have you ever attended an ACTS retreat? ☐ Yes ☐ No

Health & Medical Information

Insurance Carrier

Insurance Phone

Insurance Address

Last Tetanus Booster (MM/YYYY)

Medical Conditions (allergies, conditions, etc.)

Current Medications

Dietary & Physical Needs

Dietary Restrictions

Physical Accommodations Needed

Photo Consent

I grant permission for photos taken during the ACTS retreat to be used in directories and related materials.

Photo consent: ☐ Yes ☐ No

Liability / Release Acknowledgment

I certify that the information provided is accurate and complete to the best of my knowledge. I acknowledge and agree to the Diocese / Eagle Wings liability and release terms applicable to this retreat, and I release the parish, the Diocese, and the retreat facility from liability for any injury or loss except in cases of gross negligence.

☐ **I agree to the terms above. ***

Signature

Participant Signature *

Date *

Type your name as signature, or print and sign by hand.

Consent to Participate in Activity, Emergency Medical Information and Release

Participant: _____ (name)
for Participant and Participant's heirs, executors, and administrators.

Event: ACTS Retreat

Parish/School: St. Catherine of Siena , located in
Austin, Texas (city), Texas, a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers

Diocese: The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers

Transportation Provider: Transportation provided by fellow parishioners. (name)

A. Participant acknowledges and agrees that:
   (1) *Participant* voluntarily seeks to participate in the *Event*;
   (2) the *Event* may involve physical activity that involves risk of injury;
   (3) *Participant* will abide by all policies and rules established for *Event* and instructions of those persons facilitating, organizing, or overseeing the *Event*;
   (4) *Participant* is responsible for *Participant's* conduct during the *Event* and is responsible for any damages, claims, or other costs caused by *Participant* or incurred as a result *Participant's* conduct; and
   (5) if *Participant's* conduct is inappropriate, unsafe, or detrimental to the *Event*, other participants or other persons, *Parish/School* or the *Diocese* may be terminate *Participant's* participation in the *Event* and future events.

B. In the event of an emergency or a situation that is reasonably considered to be an emergency, *Participant* authorizes the *Parish/School* and the *Diocese* to seek and authorize emergency medical care to be given to *Participant* (for example, First Aid, medication, anesthesia, or surgery). The *Parish/School* will make reasonable attempts to notify persons listed as emergency contacts on this form prior to authorizing any such emergency care.

C. *Participant* grants *Parish/School* and the *Diocese* permission:
   (1) to photograph and video tape *Participant* during the *Event*; and
   (2) to use the photographs and video tapes in publications and promotions of the *Parish/School* and the *Diocese*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

D. To the extent permitted by law, *Participant*, releases and agrees to indemnify and hold harmless the *Parish/School*, the *Diocese*, and the *Transportation Provider* from any and all liability, claims, demands, and costs which may arise as a result of *Participant's* participation in the *Event* or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. *Participant* assumes all risk of injury or loss for bodily injury or property damage.

Participant's signature: _____ Date: _____

(Over for Medical Information)

Please provide the following information.

EMERGENCY CONTACT AND INSURANCE INFORMATION

In the event of an emergency contact: _____

Phone: _____

Alternatively, contact: _____

Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Address: _____

_____

Date of last Tetanus Booster:_____

Participant has the following conditions (allergies, medical conditions, etc.): _____

_____

_____

Attach additional sheets if necessary.

Participant is currently taking the following medication: _____

_____

_____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special instructions or other information:_____

_____

_____

Office Notes:

Eagle's Wings Retreat Center
2805 Ranch Rd. 2341
Burnet, TX 78611

Liability & Audio-Visual Release Form

Participant Information

Name: _____

Date of Birth: _____ Age: _____ Grade: _____

(For Minors) Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell: _____

Email: _____

Medical and Emergency Information

Allergies: _____

_____

Current Medications: _____

_____

Medical conditions EWRC should be aware of: _____

_____

Family Physician: _____

Physician Phone: _____

Preferred Hospital (in case of emergency): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

In case of emergency, please call:

Name: _____ Name: _____

Cell: _____ Cell: _____

Consent and Release

I consent to participation in activities at Eagle's Wings Retreat Center, Inc. (EWRC) for myself, or as necessary for my child, and acknowledge such participation is voluntary. I release EWRC and its staff and volunteers of all liability and other consequence related to this participation, including any injury. I accept all financial responsibility for any medical treatment required. I agree, on behalf of myself or for my child, to fully abide by all rules, regulations, and direction from EWRC and its staff and volunteers, release EWRC from liability for my failure to cooperate with regulations, and agree that any infraction of rules, regulations and directions may result in immediate dismissal from EWRC at my expense.

I understand EWRC follows applicable guidance regarding cleaning and infection control, agree to inform EWRC if anyone at EWRC exhibits signs of illness, and acknowledge the risk of contracting an illness at EWRC.

I also authorize EWRC to retain my or my child's contact information and to capture image, voice, and likeness, and retain and use said recordings in any medium/format for any purpose, including, without limitation, promotional and advertising uses, in perpetuity.

Participant or Parent/Guardian Signature: _____

Date: _____

☐ Opt-out: Please exclude my contact information from any solicitation (if left unchecked we assume you are ok with us contacting you from time to time via email or newsletters)