

Pan de Vida RETREAT REGISTRATION

REGISTRATION FEE: \$40.00

* Includes lunch and dinner on Saturday * Does not include housing

Form must be completed and mailed by March 6, 2015

St. Mel Church – Attn. Pan de Vida

P.O. Box 1180

Fair Oaks, CA 95628

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

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: *Pan de Vida* Retreat

Location: St. Mel Church

Telephone: Sara Donnelly – 916-402-7640

Date of Activity: March 20, 21 & 22, 2015

E-mail Sara Donnelly – stmelspandevida@pacbell.net

The undersigned do hereby release, forever discharge and agree to hold harmless *Pan de Vida*., and St. Mel Church and the Diocese of Sacramento 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 St. Mel Church and the Diocese of Sacramento 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, St. Mel Church and the Diocese of Sacramento 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.

Youth Ministers, Chaperones and Volunteers, **MUST** complete the other side of form.

OVER 

YOUTH MINISTERS, CHAPERONES, AND
VOLUNTEERS HELPING WITH THE *Pan de Vida* RETREAT

All youth ministers and chaperones coming with a group, and all of the volunteers helping with the *Pan de Vida* Retreat **MUST** submit the following documents to the St. Mel Church Registration Committee prior to the Retreat. No exceptions. Those arriving at the Retreat without the following documentation will not be admitted.

- The signed and completed *Pan de Vida* Retreat Registration and Liability Release Form (front side of this page).
- A letter from your parish or diocese stating you are in compliance with the *Zero Tolerance Policy* issued by the USCCB and that you have completed the training required by your Diocese and have completed a current background check. Attach the letter to your completed Registration and Liability Release Form.

Name _____
Circle one: *youth minister *chaperone *volunteer
Parish Name _____
City _____ State _____ Zip _____
Phone Number of Parish (_____) _____

For Registration Committee Use Only
Compliance letter received: Yes _____ No _____
Received by (Registration Committee Volunteer name): _____

YOUTH MINISTERS AND CHAPERONES

There must be one adult chaperone for every seven youth, age 17 and younger, in your group.

_____ Number of youth in your group, age 17 and younger, attending the *Pan de Vida* Retreat

_____ Number of chaperones attending the *Pan de Vida* Retreat with your group

Names of adult chaperones for your group (to be completed by the youth minister/chaperone in charge of the group):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____