

ST. LOUIS COLLEGE & YOUNG ADULT MINISTRY
ADULT RELEASE FORM – Deep Creek Lake College Retreat 2018

I, _____, as a participant in the **Deep Creek Lake College Retreat 2018 (DCL18)** sponsored by the St. Louis Parish College and Young Adult Ministry on **January 2-4, 2018**, hereby understand and acknowledge that participation in the activities involves inherent risks of minor and serious injury to myself including risks associated with transportation by motor vehicle. I knowingly, voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby RELEASE, HOLD HARMLESS, DEFEND AND INDEMNIFY St. Louis Roman Catholic Congregation, Incorporated, St. Louis Parish College & Young Adult Ministry, Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, students and other participants (collectively, the "Church") from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of participation in the **DCL18**, including the cost of any medical care given to me or any expenses or fees (including attorneys' fees) incurred in any lawsuit arising as a result of any damage or injuries caused to me or by me in the course of my participation in the **DCL18**.

I understand that my participation in the **DCL18** may require a minimum level of fitness for safe participation, and that the Church does not screen, medically or otherwise, individuals that participate in the **DCL18**. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the **DCL18**. I recognize and acknowledge there is not any volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of my participation in the **DCL18**. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Church, or its insurer, for any medical expenses.

I acknowledge and agree that photographs or videotape of participants of the **DCL18** may be used in publications, websites or other materials produced from time to time by the Church. (Participants will not be identified by last name, however, without specific written consent.) I agree that if I do not wish to be photographed or videotaped, I will notify the College & Young Adult Ministry staff in writing.

Full name of participant _____

Date of Birth and year _____

Home phone _____

Cell phone _____

Work phone _____

Emergency contact and phone _____

Date _____

Signature of Participant