



Saint John Neumann Catholic Church

Office of Faith Formation

St. John Neumann Women's Retreat

March 2-3, 2018
The Oratory
434 Charlotte Ave. Rock Hill, 29730

PLEASE PRINT:

FIRST NAME _____ LAST NAME _____

PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ROOMATE REQUEST (we will do our best to accommodate) _____

DO YOU REQUIRE A FIRST FLOOR ROOM ASSIGNMENT? _____

MEDICAL CONCERNS/ALLERGIES/DIETARY RESTRICTIONS: _____

ADULT HOLD HARMLESS / INDEMNITY AGREEMENT

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I, hereby, release and discharge the Diocese of Charlotte, its constituent organizations, including but not limited to St. John Neumann Church and their officers, agents, and employees from any kind and all claims for personal injuries or property damage that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described above. I, hereby, warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor. I agree to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity. I, hereby, authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use. I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM AND \$50 TO THE OFFICE OF FAITH FORMATION BY 2/12/18