

YOUTH 2000 RETREAT REGISTRATION

Send completed Liability Release Form below by February 11, 2025 to:

Diocese of Des Moines
Alexis Nicholson
601 Grand Avenue
Des Moines, IA 50309

or email to anicholson@dmdiocese.org

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

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: YOUTH 2000

Location: St. Francis of Assisi, West Des Moines

Telephone: (515) 237-5054

Date of Activity: February 21-23, 2025

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., and St. John the Apostle, Norwalk and St. Francis of Assisi, West Des Moines 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 YOUTH 2000, Inc., and St. John the Apostle, Norwalk and St. Francis of Assisi, West Des Moines 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 YOUTH 2000 Retreat and all of its activities and hereby give permission to YOUTH 2000 and St. John the Apostle, Norwalk and St. Francis of Assisi, West Des Moines 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.

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 WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE RETREAT DURING RETREAT HOURS.