YOUTH 2000 RETREAT REGISTRATION

Send completed Liability Release Form below by February 6, 2026 to:

St. John the Apostle Deacon Kelly Stone 720 Orchard Hills Dr Norwalk, IA 50211

or email to marysettle15555@gmail.com

LIABILITY RELEASE FORM BELOW <u>MUST</u> BE COMPLETED BY <u>ALL</u> PARTICIPANTS

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: YOUTH 2000 Location: St. Pius X, Urbandale, IA Telephone: (515) 537-3710 Date of Activity: February 13-15, 2026

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., and St. John the Apostle, Norwalk and St. Pius X, Urbandale 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. Pius X, Urbandale 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. Pius X, Urbandale 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			
ΓELEPHONE ()	CELL PHONE ()	
*PARENT(S) OR LEGAL GUAI	RDIAN(S) SIGNATURE		
(1)		DATE	
(2)		DATE	
PARISH/GROUP	CHAPERONE'S NAM	ЛЕ	
**PARTICIPANT'S SIGNATUR	E (if 18 or older)		

NOTE: ANY PARTICIPANT <u>UNDER 18 YEARS OF AGE</u> MUST HAVE WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE RETREAT DURING RETREAT HOURS.