

All Saints' Episcopal Church Retreat September 2nd, 2017 REGISTRATION FORM

ALL FORMS MUST BE COMPLETED & RETURNED (INCLUDING REGISTRATION FEE) by August 13, 2017. Return to All Saints' Church, 106 West Church St., Frederick, MD 21701

Financial Information: The cost for this retreat is \$62 with a \$20 fee for materials (\$40 maximum per family). This includes use of the facilities, materials, as well as breakfast, lunch, and dinner. Payment can be made through PayPal, Credit Cards at the office, or checks made out to All Saints' Episcopal Church.

Family Last Name: _____

Please list all people from the family attending the retreat, including age/grade if under 18:

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

List any allergies, medical conditions, medications, emotional or social factors that leaders need to be aware of:

Media Release: In the course of retreat activities, All Saints' staff and volunteers and/or the news media occasionally wish to interview, photograph or videotape persons, and/or make public their names, work or likeness in print, on television, radio or by electronic means such as the Internet. This includes but is not limited to the *Saints' Alive* publication or the All Saints' website. Please indicate below your preference to have your family (including children) published in the media. (All Saints' cannot control media coverage of events that are open to the public.)

_____ I **DO** give permission to publicize for all members of my family.

_____ I **do NOT** give permission to publicize for all members of my family/these specific members _____

Signature: _____ Date: _____

LIABILITY RELEASE (Release of All Claims):

In consideration for being accepted as a participant in *All Saints' Episcopal Church* activities **on September 2, 2017** we (I), being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless *All Saints' Episcopal Church* and its agents, employees, directors, and anyone acting on its behalf from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities sponsored by or in any way related to **All Saints' Episcopal Church**. This includes, but is not limited to, any activity on the property of *All Saints' Episcopal Church* and all off site activities connected **with All Saints' Episcopal Church**

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any activity recreation and work activities involved therein. We (I) understand that there are risks of injury associated with the activities my child/participant is going to be engaged in, and we (I), with knowledge of those risks, agree that no claim, suit or demand of any kind will be made against *All Saints' Episcopal Church*. This includes, but is not limited to, those claims, suits, or demands arising out of the negligence of *All Saints' Episcopal Church* and its agents, employees, directors, and anyone acting on its behalf. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Signature: _____ Date: _____