YOUTH 2000 RETREAT REGISTRATION

REGISTRATION FEE: $40 for registrations submitted by Friday, October 29, 2010; $50 for those submitted after this date.

Registration fee includes lunch and dinner on Saturday, but does *not* include housing.
Submit completed Liability Release Form below and $40.00 Registration Fee by Friday, October 29, 2010 ($50 after) to:
Office of Evangelization and Catechesis
Diocese of Madison
702 S. High Point Rd.
Madison, WI 53744-4983
(Make Checks payable to the "Diocese of Madison")

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

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: **YOUTH 2000 Retreat** **Location: Bishop O'Connor Catholic Pastoral Center**
Telephone: **(608) 821-3160** **Date of Activity: November 5, 6, 7, 2010**

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., and the Diocese of Madison and the Bishop O'Connor Catholic Pastoral Center 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 the Diocese of Madison and the Bishop O'Connor Catholic Pastoral Center, 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 the Diocese of Madison and the Bishop O'Connor Catholic Pastoral Center 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 (_____)_____ **E-Mail** _____

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

Youth Ministers, Chaperones and Volunteers, MUST complete the other side of form. **OVER** ➡

YOUTH MINISTERS, CHAPERONES, AND VOLUNTEERS HELPING WITH THE YOUTH 2000 RETREAT

All youth ministers and chaperones coming with a group, and all of the volunteers helping with the YOUTH 2000 Retreat MUST submit the following documents to the Sponsoring Party Registration Committee prior to the Retreat. No exceptions. Those arriving at the Retreat without the following documentation will not be admitted.

- **The signed and completed YOUTH 2000 Retreat Registration and Liability Release Form (front side of this page).**
- **A signed and completed *Compliance with Diocese of Madison Safe Environment Policies Form* indicating that you are in compliance with the *Zero Tolerance Policy* issued by the USCCB and that you have completed the Safe Environment requirements of your Diocese. Attach the form to your completed Registration and Liability Release Form.**

Name _____
Circle one: *youth minister *chaperone *volunteer
Parish Name_____
City _____ State_____ Zip_____
Phone Number (_____)_____
E-Mail Address _____

For Registration Committee Use Only
Compliance form received: Yes _____ No _____
Received by (Registration Committee Volunteer name): _____
Verified by Diocese of Madison Office of Safe Environment (Date):_____

YOUTH MINISTERS AND CHAPERONES

There must be one adult chaperone for every seven youth, age 17 and younger, in your group.

_____ Number of youth in your group, age 17 and younger, attending the YOUTH 2000 Retreat

_____ Number of chaperones attending the YOUTH 2000 Retreat with your group

Names of adult chaperones for your group (to be completed by the youth minister/chaperone in charge of the group):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____