

**DIOCESE OF ALLENTOWN - WOMEN'S DISCERNMENT RETREAT WEEKEND**

**Participation Form and Release - Young Adults 18 Years of Age and Older**

**PLEASE PRINT CLEARLY**

Participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

College (if applicable): \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_, agree and understand that I assume the risks inherent in this event, and with full knowledge of the risks, I agree to release and to hold harmless and defend the Office of Vocations and the Diocese of Allentown, its Bishop or Administrator, and all of its employees and representatives, including chaperones, volunteers or any other representatives associated with this event (all of whom are collectively referred to as the Diocese) from claims from or related to my participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

**Description of weekend:**

Location of event: St. Francis Retreat Center, Easton, PA

Date of event and estimated time of event: **Friday, February 10, 2023 to Sunday, February 12, 2023**  
*Retreat will begin at 3:30pm on Friday, February 10, 2023*  
*Retreat will end at 1:00pm on Sunday, February 12, 2023*

**Medical Matters:** I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance Information:**

Health Plan Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ I.D.#: \_\_\_\_\_

**Specific Medical Information:** The Office for Vocations Promotion should be aware of the following medical conditions. (The Office for Vocations Promotion will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_  
Physical limitations or other special medical conditions: \_\_\_\_\_

I have carefully read carefully Participation Form and Release – Seminarian and College Student - and agree to its terms and intend to be bound hereby.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed form no later than Friday, February 3, 2023 to:**

**Attention: Women's Retreat, Diocese of Allentown, Office of Vocations**  
PO BOX F, ALLENTOWN, PA 18105-1538

**PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT<sup>1</sup>**

I, \_\_\_\_\_ (the "Participant") have voluntarily applied to participate in the \_\_\_\_\_ (the "Activity") which is sponsored and/or supervised by \_\_\_\_\_ (the "Organization") and I agree as follows:

**Acknowledgments.** (1) I am participating in the Activity of my own free will; (2) I understand the nature of the Activity; and (3) I am qualified, in good health, and in proper physical condition to participate in the Activity.

**Assumption of Risk.** (1) I am aware that the Activity may present certain risks of injury (including illness, or death or loss of or damage to my property) and I agree to assume those risks and any other unknown risks. and (2) I acknowledge the Organization is not obligated to provide me with any insurance or other financial assistance for my injury, illness, or death or loss of or damage to my property and expressly waive any claim for such compensation.

**Medical Treatment.** In the event of a medical emergency, I consent to receive necessary medical treatment until the following contact can be notified and I agree to be responsible for the payment of such treatment:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver and Release.** I, on behalf of myself, my heirs, next of kin, spouse, and legal representatives, hereby release, waive, discharge, and agree not to sue the Organization, the Archbishop of Philadelphia and Archdiocese of Philadelphia and any lessor of the Premises, along with their respective affiliates, successors or assigns, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Released Parties") from any and all negligence and liability for my injury (including illness, death, or property damage) resulting, directly or indirectly, from my service in the Activity except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to the other Released Parties.

**Indemnity.** If, despite the Waiver and Release above, I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

**Promotion.** I consent to any photographic images or video or audio recordings taken while actively participating in the Activity and grant and convey all rights, title, and interest of such images and recordings to the Organization.

**Severability.** This Participant Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, I HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MINOR RELEASE: (must be completed by Parent/Guardian for a Participant under the age of 18)**

I, THE PARENT OR GUARDIAN OF THE PARTICIPANT, HAVE READ THIS PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<sup>1</sup> This Participant Release, Waiver of Liability, and Indemnity Agreement is required in order to participate in any athletic activity or day or overnight trip.  
Participant Release and Waiver of Liability 2016 08 14 AOP final2

**DIOCESE OF ALLENTOWN – COME AND SEE WEEKEND**  
**TERMS AND CONDITIONS OF ENROLLMENT**

**Acceptance and forms required**

The following are required: 1) Participation Form and Release, 2) Terms and Conditions of Enrollment, and 3) Code of Conduct/Dress Code.

The above forms are due to the Office of Vocations no later than Friday, February 3, 2023.

Transportation to and from St. Charles Borromeo Seminary is the responsibility of the participant or his family.

**Photo permission**

I give my permission to have photographs/videos and audio recordings of myself used in printed materials, or for other media for promotional purposes for the Office for Vocations Promotion.

**Personal Property**

St. Charles Borromeo Seminary, the Office of Vocations and the Diocese of Allentown are not responsible for lost or stolen property (cameras, iPods, etc.).

**Participant Code of Conduct**

All participants of Come and See Weekend are required to read and sign the rules of conduct. If there are violations of the rules of conduct on behalf of the participant, the Office of Vocations and St. Charles Borromeo Seminary reserves the right to ask the participant to leave, or other lesser forms of disciplinary action. If there is damage to any property that occurs as a result of the participant's actions, the parent or legal guardian will be responsible for reimbursement to the Office for Vocations Promotion and/or St. Charles Borromeo Seminary.

I remain legally responsible for any personal actions taken by myself ("participant"). In consideration for my participation, I agree and understand that I assume the risks inherent in the activities of this event, and with full knowledge of the risks, I agree to release and to hold harmless and defend the Office of Vocations, the Diocese of Allentown, its Bishop or Administrator, and all of its employees and representatives, including chaperones, volunteers or any other representatives associated with this event (all of whom are collectively referred to as the Diocese) from claims from or related to my participation, or in connection with any illness or injury (including death) or cost of medical treatment in

connection therewith, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the

Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

By signing below, I state that I have read and understand the Terms and Conditions of Enrollment of the Come and See Weekend.

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Signature of Participant

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Printed Name

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Date

**DIOCESE OF ALLENTOWN – COME AND SEE WEEKEND**  
**CODE OF CONDUCT / DRESS CODE**

**Participant will:**

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, behavior, and dress
  - NOT PERMITTED: Sagging pants or shorts that reveal undergarments; clothing that may appear to have an anti-Christian message or with writings that include crude language, promotion of alcohol or drug use, or suggestive material or a crude or sexual nature
  - Out of respect, during all Liturgies and prayers, every male, youth or adult, must remove any headwear. This includes all hats, visors, headbands, bandanas, etc.
- Respect other persons and/or property
- Adhere to stated curfew
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Heed any and all directions of activity staff
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings
- Maintain the prayerful and reflective spirit of the event
- Report problems of any kind to a trusted adult

**Participant will not:**

- Use foul/inappropriate language
- Possess weapons of any kind
- Purchase, possess, consume, or distribute alcohol and/or illegal drugs
- Engage in any form of sexual activity or peer sexual harassment, or any kinds of inappropriate touching or harassment.
- Engage in behavior that could result in injury to himself and/or other weekend participants and/or chaperones.
- Damage or deface property. Damage or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
- Leave the premises unless accompanied by an adult leader, parent or legal guardian.
- Visit or gather in rooms other than their own.

**Participant Sanctions for Non-Compliance:**

If participant violates the Code of Conduct/Dress Code, any or all of the following sanctions may be implemented:

- Dismissal of the participant from event or program (whereby it would become the responsibility of participant or parent/legal guardian to ensure timely, accompanied, and safe transportation home).
- Minor violations of the Rules of Conduct will be judged at the discretion of the program coordinator with the collaboration of other chaperones for minor punishments. Minor punishments may include the non-participation of the participant for one or more of the activities. Punishments may also take the form of clean-up, and writing apologies.

*(Continued on next page)*

**DIOCESE OF ALLENTOWN – COME AND SEE WEEKEND**  
**CODE OF CONDUCT / DRESS CODE**

I acknowledge that I understand and agree with the terms of the Code of Conduct/Dress Code and give The Diocese of Allentown, Office of Vocations permission to use pictures and videos from the event in which I may appear for promotional materials.

Signature of Participant: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
*PLEASE PRINT CLEARLY*

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Deadline for submission of all forms is Friday, February 3, 2023.**

**Participant is NOT registered until all forms received.**

**Mail to:**

Attention: Women's Retreat, Diocese of Allentown, Office of Vocations  
PO BOX F, ALLENTOWN, PA 18105-1538