



REGISTRATION

Attendees 13-30 years & Chaperones REGISTRATION FEE: \$55.00 (\$65 after deadline)

Includes lunch and dinner on Saturday

Send \$55.00 Registration Fee (checks payable to WCR) and completed Liability Release Form below by **February 14, 2022** to:

Wyoming Catholic Retreat
7739 W. Riverside Dr.
Casper, WY 82604

Or if you choose to PURCHASE YOUR TICKET ON LINE GO TO:

[Click This Link To Purchase Tickets Online](#)

Then please fill out this form & indicate below you have purchased online.

*****LIABILITY RELEASE FORM BELOW MUST BE COMPLETED BY EACH PARTICIPANT*****

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: Wyoming Catholic Youth Retreat

Location: Lander Community Center. 950 Buena Vista Dr. Lander, WY 82520

Contact Telephone Number Gerise 307.258.3221 or Elizabeth 307.554.6247

Date of Activity: February 18, 19, & 20, 2022

The undersigned do hereby release, forever discharge and agree to hold harmless Wyoming Catholic Retreat, participating parishes and their adult chaperones, and Lander Community 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 Wyoming Catholic Retreat, participating parishes and their adult chaperones and Lander Community 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 your child to participate fully in the Wyoming Catholic Retreat and all of its activities and hereby give permission to Wyoming Catholic Retreat, participating

parishes and their adult chaperones 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 EACH participant including CHAPERONES. Fees must be paid by ALL (INCLUDING CHAPERONES). If a participant is under 18, a parent or legal guardian must sign and participant must attend the Retreat with their own chaperone (one adult chaperone for every 1 to 7 young people in your youth group).

NAME _____ AGE _____ SEX: M ___ F ___

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE (_____) _____ EMAIL _____

**PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE

(1) _____ DATE _____

(2) _____ DATE _____

PARISH/GROUP _____ CHAPERONE'S NAME _____

**PARTICIPANT'S SIGNATURE (if 18 or older) _____

Please list any Allergy or Health concerns we should be aware of:

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.

There must be one adult chaperone, age 21 and over, for every one to seven youth under the age of 18. Chaperones must arrive with, attend and stay with their youth during the Retreat in the same facility. All chaperones and volunteers must fulfill and be in compliance with their Diocesan policies and requirements for providing a safe and secure environment for minors. Chaperones are required to be present with their youth at all times, including talks, etc.

Please check which applies:

Check is enclosed: _____

Purchased tickets online: _____