YOUTH 2OOO NY REGISTRATION
Liability Release Form
Release Of All Claims

Name of Activity**: RETREAT WEEKEND**
Date of Activity**: July 18,19,20, 2008**
The Undersigned do hereby release, forever discharge and agree to hold **Kellenberg Memeorial HS, The Diocese of Rockville Centre and YOUTH 2OOO New York, Inc**., harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant (if the participant is under 18 or 18 and older) while attending the Youth Retreat.
Furthermore, the undersigned hereby assumes all risk of personal injury, sickness death, damage and expense arising from the undersigned's or participant's (if participant is under 18 or 18 and older) participation in all activities including recreation and work activities involved in the Youth Retreat. Further, authorization and permission is hereby given to furnish all necessary transportation, food and lodging for the undersigned or participant (if participant is under 18 or 18 and older).
The undersigned further hereby agree to indemnify and hold **Kellenberg Memorial HS, The Diocese of Rockville Centre and YOUTH 2OOO New York, Inc.** and their respective members, directors, employees and agents (collectively, the "Indemnities"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorneys' fees and expenses sustained by the Indemnities as the result of the negligent willful or intentional acts of the undersigned and/or participant (if participant is under 18, 18 or older).
If participant is under 18 year of age:
We (I) are the parent(s) or legal guardian(s) of the participant and hereby grant permission for my child to participate fully in the Youth Retreat and all of its activities and hereby grant our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and, we fully and completely assume 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.

NO ONE under 18 years of age is permitted to leave this function without **prior, written permission** from parent or legal guardian. **This form must be signed by all participants.**
If participant is under 18, both parents, or custodial parent, or legal guardian MUST SIGN:
Name of participant_____Age____M___F___
Address_____Apt_____
City_____State_____Zip_____
Telephone ( )_____
Parent(s)/Legal Guardian Signature_____Date_____
Participant's Signature_____
Parish/Group_____
Adult Leader's Name_____(One leader for every group of 7 youth under age 18)
Is this your first YOUTH 2OOO Retreat? Yes_____No____

MEDICAL INFORMATION: (Please fill in all information)
Physician Name_____Phone #_____
Allergies:_____Medications:_____
Medical History:_____
Participant's Social Security Number:_____
IN CASE OF EMERGENCY PLEASE CONTACT:

Name_____
Address_____
_____
Phone (H)_____(Cell)_____
Relationship_____

Name_____
Address_____
_____
Phone (H)_____(Cell)_____
Relationship_____