

LIABILITY RELEASE FORM

Name of Activity: St. Matthew Emmaus Community Emmaus XIII Retreat
Location: All Saints Catholic School, Norwalk, CT
Dates of Retreat: February 8-10, 2002

The undersigned do hereby release, forever discharge and agree to hold harmless the St. Matthew Emmaus Community, St. Matthew Church, and the Diocese of Bridgeport 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 the participant (if the participant is 18 years or younger).

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's activities including recreation and work activities involved in the retreat. Further, authorization is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if the participant is 18 years or younger).

The undersigned hereby agree to indemnify and hold St. Matthew Emmaus Community, and its respective members, Executive Board, Officers, employees, and agents (collectively, the "indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney's fees and expenses sustained by the indemnities as a result of negligent, willful, or intentional acts of the undersigned and/or the participant (if the participant is 18 years or younger).

If the participant is under 18 years of age: We (I), the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our (my) child to participate fully in the aforementioned retreat and all of its activities and hereby give permission to St. Matthew Emmaus Community to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and, we (I) fully and completely assume responsibility for all medical bills, including medical transport.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions, or otherwise, we (I) assume all responsibility and transportation costs.

For youth under 18 years of age, both parents, custodial parent(s), or legal guardian(s) must sign. If participant is 18 or over, the participant must sign his or her own form.

Name (printed) _____ Age _____ Sex _____

Signature (over 18) _____

Parent(s) or Legal Guardian(s) Signature _____ Date _____

Signature _____ Date _____

Address _____

City, State, Zip _____

Birth date _____ Phone # _____