

# CO RETREAT June 24<sup>th</sup> - 29<sup>th</sup>

## **Reason for Intent**

I, \_\_\_\_\_, would like to participate in the Holy Spirit Parish CO RETREAT. These are the reasons I want to participate;

\_\_\_\_\_

\_\_\_\_\_

## **Deposit and Costs**

The estimated cost of the trip is \$600. I understand that I am able to fundraise up to ½ of this depending on how much fundraising I do. **In order to reserve my spot on the trip a non refundable deposit of \$75 is due upon registration.** I agree to pay the payments of \$75 due by Feb 1<sup>st</sup> and April 1<sup>st</sup> and a final payment (depending on fundraised amount) due by May 1<sup>st</sup>. Any extra expenses such as money for food while traveling, free day expense and buying souvenirs are not included in the participation fee. **Statement of Intent to Participate**

I, \_\_\_\_\_, intend to participate in the Holy Spirit  
(Full Legal Name)

CO RETREAT. I understand that in making arrangements for my participation there may be advance payments made on my behalf for travel, lodging and other expenses associated with the trip, so therefore refunds are not given. **Statement of Release**

Upon participation I, \_\_\_\_\_ (participant or parent of participant if under 18 years of age) do hereby release and agree to hold the Parish of Holy Spirit and the Diocese of Sioux Falls, SD and all associated parties harmless from any and all liability arising from any personal injury or sickness whatsoever which may occur while attending the Parish Mission Trip. Furthermore as a participant I agree to assume all risk in the participation of all recreation and work activities involved during the trip. Upon participation I, \_\_\_\_\_ (participant or parent of participant if under 18 years of age) grant permission for full participation in the above activities and all of its undertakings. I hereby give permission to take said participant to the doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or other wise, I assume all responsibility and transportation costs.

**Participants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_ **Parish** \_\_\_\_\_

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If under 18)

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If under 18)

**\*\*More information and paperwork will be given out as it comes in \*\***

