

# Fall Undergraduate Retreat

## November 13-15, 2009

The Retreat begins at the Newman Center at 5pm on Friday and we will return by 3:30pm on Sunday. The cost is \$50 per person

Please fill out the following information and turn in your registration with your deposit to the Newman Center. You will receive an email with packing information the week of the retreat  
Contact Lourdes for more information: [Lourdes\\_Alonso@newman-asu.org](mailto:Lourdes_Alonso@newman-asu.org)

Name: \_\_\_\_\_ Your Phone # : \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Any food allergy or dietary need we should know about?: \_\_\_\_\_

### **Assumption of risk, indemnity and release**

"All Saints Catholic Newman Center" includes the All Saints Catholic Newman Center, Diocese of Phoenix, their agents, and employees. As a condition of my being allowed to participate in the Undergraduate Fall Retreat during the weekend of November 13-15, 2009 I agree to the following:

1. I agree to release and indemnify the All Saints Catholic Newman Center and agree not to sue All Saints Catholic Newman Center for any illness or injury I sustain as a result of this activity.
2. I agree to release, indemnify, and hold harmless the All Saints Catholic Newman Center from any claims, costs, damage to my property, etc. that arise from my actions and/or negligence.
3. I am not under the age of 18 years.
4. I am aware of the risks involved in this activity. I am aware that unanticipated and unexpected events may occur during the activity, including transportation to and from the destination (if applicable), that may result in injury to me.
5. I assume all risks of illness and injury in connection with the activity and related transportation, lodging, and meals (as applicable).
6. It is my responsibility to obtain all necessary permission or medical approval to participate in this activity.

I UNDERSTAND THAT MY PARTICIPATION IN THIS ACTIVITY IS VOLUNTARY AND IS NOT REQUIRED BY NOR WILL IT AFFECT MY MEMBERSHIP AT THE ALL SAINTS CATHOLIC NEWMAN CENTER.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

#### **To be completed by Front Office Staff**

\$ \_\_\_\_\_ deposit, received and dropped in safe by: \_\_\_\_\_

Check here \_\_\_ if paying with credit card and attach additional form