

Winter Retreat 2025 Registration

First & Last Name: _____

Phone #: _____

Email: _____

In case of an emergency, please contact:

Name: _____

Phone #: _____

Dietary Restrictions/Allergies:

Authorization and Waiver of Risk

I hereby agree and consent _____ (name) to participating in the Winter Retreat. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, Holy Martyrs Parish and Our Lady of Consolation Parish, Andrean High School, the Parish leaders and volunteers, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my participation in the above-named "Program."

Signature: _____ Date: _____

*This form can turned into the parish office with payment. Checks can be made out to Holy Martyrs or Our Lady of Consolation.

_____ paid