

Alpha Release Form

Event: Alpha Teen Retreat

Retreat Dates: _____

Retreat Times: Begins at check-in on Friday at 6:30 p.m. Ends Sunday at approximately 5:30 p.m. at the conclusion of closing Mass.

Name of Candidate: _____

Grade: _____ **DOB:** _____ **Age:** _____

The undersigned, who is the parent/legal guardian of _____, a minor, hereinafter referred to as "Candidate", on behalf of him/herself and Candidate, their personal representatives, assigns, heirs, and next of kin, request that the Candidate be permitted to participate in the aforementioned retreat:

1. Hereby releases, waives, discharges, and covenants not to sue Alpha, its officers, peer ministers, and agents, for all purposes herein referred to as Releases, from all liability to the undersigned and Candidate, their personal representatives assigns, heirs, and next of kin, for all loss or damage, and/or claims, demands, cause of actions or suits or any kind, therefore, particularly on account of injury to the person or property or resulting in the death of the Candidate, whether caused by the negligence of Releases or otherwise while Candidate is a participant in the aforementioned event;
2. Hereby agrees to indemnify and save and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur while Candidate is a participant in the aforementioned event, whether caused by the negligence of the Releases or otherwise;
3. Hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releases or otherwise while Candidate is a participant in the aforementioned event;
4. Hereby agrees that if any portion of the Agreement is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

Name of Parent/Legal Guardian (Please print): _____

Signature of Parent/Legal Guardian: _____

MEDICAL INFORMATION

In the event the Candidate becomes ill, I authorize the directors or chaperones to obtain medical attention at the physician's office or hospital. The Candidate is covered by the following medical insurance:

Ins. Co. Name: _____ **Phone #:** _____
Group #: _____ **Policy #:** _____

Medical History/Allergies: _____

I understand that every effort will be made to reach me before medical permission is given to treat my child.

Home Phone: _____ **Mother/Work:** _____ **Father/Work:** _____
Mother/Cell: _____ **Father/Cell:** _____

Signature of Parent/Legal Guardian: _____