

IOWA2000 RETREAT REGISTRATION FORM

(Online Registration Is Also Available At www.IOWA2000.org)

REGISTRATION FEE: \$45.00 (If Registered By Jan 15, 2008) \$50 (After Jan 15, 2008)

Registered By Jan 15 & receive a FREE IOWA2000 T-Shirt, but You MUST Register by January 15th DEADLINE

****LARGE FAMILY PACKAGE PRICING AVAILABLE -- CALL 515.974-4255 FOR DETAILS****

Send Registration Fee (checks payable to: "IOWA2000") (Does not include housing)

With completed Liability Release Form & Medical Release Form

Send to: IOWA2000 Retreat Registration, 2205 S 11th Street, West Des Moines, IA 50265

HOLD HARMLESS AGREEMENT // LIABILITY & MEDICAL RELEASE FORM

Name of Activity: IOWA2000 Eucharistic Youth Retreat

Location: Dowling Catholic High School, 1400 Buffalo Road, West Des Moines, IA 50265

Contact Telephone: (515) 974-4255

Date of Activity: February 8, 9, 10, 2008

(ALL participants MUST sign this form. If participant is under age 18, parent or legal guardian must sign.)

I AGREE to hereby release, forever discharge and agree to hold harmless IOWA2000 Ministries, Inc., Diocese of Des Moines, Dowling Catholic High School, all parishes, organizations or individuals, sponsoring, volunteering, or in any way associated with this event, 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 participant (if participant is under 18, 18, or older). The undersigned consents and hereby releases the use of photos, video, audio clips of participant to be used in future marketing or promotions.

I FUTHER AGREE to indemnify and hold IOWA2000 Ministries, Inc., Diocese of Des Moines, Dowling Catholic High School, all parishes, organizations, or individuals sponsoring, volunteering, or in any way associated with this event and its respective members, directors, employees, and agents (collectively, the "Indemnities,"), harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is under 18, 18, or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do grant permission for our child to participate fully in the IOWA2000 Retreat, all its activities and consent to the use of photos, video, audio clips of the participant to be used in future marketing media. Should it be necessary for the participant to return home due to disciplinary action or otherwise, I (we) assume all responsibility, transportation costs and related costs.

CHECK ONE: Participant 13-17 _____ **Participant 18-30** _____ **Adult Chaperone** _____ **Group Leader** _____

PARTICIPANT'S NAME _____ AGE _____ SEX: M _____ F _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

ALL PHONE #'S _____ EMAIL _____

PARISH / YOUTH GROUP _____ CHAPERONE'S NAME (Required if Under 18) _____

ADULT T-SHIRT SIZE (if paying in full on or before **01-15-08 DEADLINE** check only one) XS _____ SM _____ MED _____ LG _____ XL _____ XXL _____

MEDICAL RELEASE INFORMATION

INSURANCE CO NAME _____ POLICY HOLDERS NAME _____ POLICY # _____

EMERGENCY CONTACT/RELATIONSHIP _____ ALL PHONE #'S _____

FAMILY DOCTOR _____ DOCTOR PHONE #'S _____

MEDICALLY PRESCRIBED DIETARY AND/OR MEDICAL NEEDS _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

I hereby give permission for my child to participate in the IOWA2000 Retreat. I also hereby give permission to IOWA2000 Ministries, Inc., Diocese of Des Moines, Dowling Catholic High School, and Staff of the event to take said participant to a doctor or hospital and authorize medical treatment, including, but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills, transportation bills and emergency care.

Any participant under 18 years of age must have written permission signed by a parent or legal guardian to leave the retreat during retreat hours.

PARENT'S NAME _____ PARENT'S EMAIL _____

PARENT'S SIGNATURE _____ DATE _____ PARENT'S PH # _____

PARTICIPANT'S SIGNATURE (18 or older) _____ DATE _____

ADDITIONAL COPIES CAN BE DUPLICATED FOR USE OR - DOWNLOAD FORMS AT WWW.IOWA2000.org