

## St. Patrick's 4<sup>th</sup> Annual Women's Retreat Registration Form

At Wellspring Retreat Center, Blanco, TX on the weekend of Feb. 21 – 23, 2014. (Friday – Sunday)  
Cost is \$50. Space is limited, registration is first-come, first-served. No refunds after February 10, 2014.

### Yes! I want to attend this retreat.

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_ (Please write clearly)

### ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT

(For adult participants, 21 years of age or older.)

In Case Of Emergency, and in the event that I am not coherent or conscious, I hereby grant representatives of St. Patrick's Catholic Church, and/or other adult chaperones, permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary. I hereby give my consent and permission to those licensed medical personnel administering medical treatment to do so, including any necessary X-ray examination, medical or surgical diagnosis or treatment, and other evaluation, diagnosis, treatment, medication or hospital care in accordance with standard medical practice. I further absolve and release my parish, the Diocese of Austin, their representatives, employees, and volunteers, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary, should I become incapacitated. Additionally, I give my permission to be photographed during activities associated with the above-mentioned event. I understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

\_\_\_\_ I participated last year and my insurance has not changed. *(Skip the remainder of this box.)*

\_\_\_\_ My insurance information is listed below.

**Insurance Company**

**Address**

**Phone #**

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Place of employment providing Insurance:** \_\_\_\_\_

*Please attach a photocopy of the Insurance Card to this Release Form.*

**Additional comments regarding medical history, allergies, medications, or other conditions:**

**Date of last Tetanus Booster:** \_\_\_\_\_

**In the event of an emergency, please contact the person(s) named below:**

**Name & Relationship:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by St. Patrick's. My primary function on this trip is to grow stronger in my faith and build relationships with others within my faith community. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Method of Payment:** Check # \_\_\_\_\_ Cash \_\_\_\_\_  
\_\_\_\_\_ Additional Sponsorship funding

Please direct and questions or concerns to Amy Ventura at [amyventura50@yahoo.com](mailto:amyventura50@yahoo.com),  
or call 512-826-7173 (please call after 7PM).