



YOUR INVITATION TO

Ascension of Our Lord / St. Joan of Arc

MEN'S ACTS RETREAT!

We would like to invite you to join us for an extraordinary weekend! This experience will take place August 12th-15th, 2021 at Lumen Christi Retreat Center. It will be an opportunity for spiritual renewal and the making of many friends!

The goals of the retreat are to allow an opportunity for each person to focus on their faith and its application during their daily lives, to build purpose in their prayer life, to increase their presence at the liturgy, and to cultivate friendship among members of the church community.

The retreat begins Thursday evening, August 12th, at Ascension of Our Lord School's old school library building (parking lot on the right side of school) with check in at 5:30 p.m. It will end on Sunday August 15th with the 10:30 a.m. Return Mass at Ascension of Our Lord Church followed by a meal of fellowship in the school's cafeteria. Round trip transportation to and from the retreat center will be provided for all retreatants.

Cost for each retreatant is \$250.00. A deposit of \$100.00 must be submitted with this form in order to reserve your place on the retreat. Registrations will be accepted in the order they are received with priority given to AOL/SJA parishioners. After the August 1st deadline any remaining spots will be available for others. COVID restrictions are still being observed therefore space is limited, so don't wait. Outstanding balances are due by the Thursday check-in before the retreat begins. **Checks may be made payable to either parish, St. Joan of Arc is preferred.**

Please note: Financial difficulties should not prevent anyone from attending the Retreat. If you are unable to pay part of the fee, please contact one of the Leadership Team members listed below to make arrangements.

Approximately 7-10 days prior to the Retreat, you will receive a letter describing the necessities, which you will need for the retreat. Please contact a Co-Director for with questions or additional information. We are excited to meet you! Please detach and return your completed registration form and registration fee to either church office.

Ascension of Our Lord Church
799 Fairway Drive
Laplace, LA 70068
Attn: ACTS RETREAT

St. Joan of Arc Catholic Church
529 West 5th Street
Laplace, LA 70068
Attn: ACTS RETREAT

God Bless You,

DIRECTOR: Doug Villarrubia 832-545-7317
AOL CO DIRECTOR: Ray Riviere 504-512-5918
SJA CO DIRECTOR: George Vatter 504-330-2733
SPRITUAL COMPANGION: Kirk LeBouef 985-817-1152

ASCENSION OF OUR LORD / ST. JOAN OF ARC

MEN'S ACTS RETREAT AUGUST 12TH-15TH, 2021



REGISTRATION FORM

NAME: _____

BIRTHDAY MONTH / YEAR: _____

NAME AS YOU WANT IT TO APPEAR ON YOUR

NAMETAG: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP _____

CELL PHONE: _____ HOME PHONE: _____ WORK PHONE _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON # 1: _____ PHONE: _____

EMAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PERSON #2: _____ PHONE: _____

EMAIL: _____ RELATIONSHIP: _____

ALLERGIES: _____

SPECIAL DIET: _____

ANY OTHER DIETARY, MEDICAL OR OTHER NEEDS FOR THE WEEKEND: _____

YOUR CHURCH PARISH: _____

**ROMAN CATHOLIC CHURCH OF THE DIOCESE OF HOUMA-THIBODAUX and
LUMEN CHRISTI RETREAT CENTER**

COVID-19 WAIVER OF LIABILITY, ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

Participant Name: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Group (the "Group"): _____

Activity/Program (the "Activity"): _____

Location: Lumen Christi Retreat Center ("Center")

IN CONSIDERATION for my participation in the Activity operated by the Group at the Center, I, on behalf of myself, all persons and entities claiming by, through or under me, hereby acknowledge, agree, and represent that I have inspected and carefully considered the Center, as well as its premises, equipment and facilities, and I find and accept the same as being safe and reasonably suited for my participation in the Group's Activity held at the Center.

I acknowledge that the novel coronavirus ("COVID-19") is a global pandemic and that infections have been confirmed throughout the United States and internationally, including in the State of Louisiana, in which The Roman Catholic Church of the Diocese of Houma-Thibodaux ("Diocese") and the Center is located, and that the Center will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Center. However, even though such standards will be followed and reasonable measures put into place, the Center cannot guarantee that I will not become infected with COVID-19. Further, participating in Group's Activity at the Center may increase my risk of contracting COVID-19.

I acknowledge the contagious nature of COVID-19 and that I may be exposed to or infected by COVID-19 by participating in the Group's Activity at the Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish employees, volunteers, and program participants and their families.

I understand and acknowledge that the Diocese and/or the Center cannot guaranty my safety or immunity from exposure and/or infection. There is no known vaccination for COVID-19. The mode by which COVID-19 is transmitted or how long it remains on surfaces or in the air is not entirely known. I fully understand, acknowledge, and appreciate these facts and the uncertainty of the virus and how it may impact my health. I knowingly and voluntarily assume all risks associated directly or indirectly with my participation in the Group's Activity at the Center, traveling to and from the Center, entering and exiting the Center premises, using equipment at the Center, interacting with other persons at or around the Center, and/or using facilities within the Center premises, including common areas, dining rooms and restrooms (collectively, the "Voluntary Activity").

WITH THIS UNDERSTANDING, I knowingly and voluntarily waive and release The Roman Catholic Church of the Diocese of Houma-Thibodaux and/or the Lumen Christi Retreat Center and/or its respective directors, officers, employees, volunteers, independent contractors and agents (collectively, the "Releasees") from any and all present and future claims of any type, including for any harm or loss, economic loss, personal injury, disease, death and property damage suffered by me. I agree to indemnify and hold harmless, and covenant not to sue, the Releasees for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorneys' fees, and/or other loss, including arising out of or related to, whether directly or indirectly, any Voluntary Activity before, during or after the Group Activity directly or indirectly arising from my presence at the Center.

I represent and attest that:

1. I am not experiencing any symptoms of illness. I do not have a fever or cough and am not experiencing shortness of breath. If I develop any of these symptoms, or if I have a suspected or diagnosed case of COVID-19, I agree that I will not attend or participate in the Group's Activity at the Center or otherwise enter or be physically present at the Center. I also agree that, if I have a temperature of 100 degrees Fahrenheit or higher before entering the Center, I will not be allowed inside the Center and must vacate the premises. If after entering the Center I attain a temperature of 100 degrees Fahrenheit or higher I agree to immediately leave the Center and the Diocesan's property.

2. I agree to follow any and all safety protocols that have been or will be implemented by the Diocese and/or the Center, including those that are posted and those that have been provided to me. I acknowledge that the Diocese and/or the Center may change these protocols at any time, and I agree to abide by any and all such changes.

3. I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19.

4. I have not been diagnosed with COVID-19, and not yet cleared as non-contagious by any state or local public health authority.

5. I am following recommended guidelines, including practicing social distancing, maintaining a separation of six feet from others, and otherwise limiting my exposure to COVID-19.

6. I will not visit or use the Center or its facilities, services and/or programs within 14 days after (i) returning from a highly impacted area subject to a The Centers for Disease Control and Prevention ("CDC") CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, and/or (iii) exposure to any person who has a suspected or confirmed case of COVID-19.

7. I agree to notify the Diocese and/or the Center immediately if I believe that I am experiencing any symptoms of COVID-19 and/or if I have a suspected or diagnosed case of COVID-19.

I expressly and knowingly waive all rights under La. Civ. Code Art. 3078 which provides:

"A compromise does not affect rights subsequently acquired by a party, unless those rights are expressly included in the agreement."

I agree and acknowledge that my participation in the Group's Activity at the Center and use of its facilities and equipment may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death and/or property damage. I HEREBY ASSUME FULL RESPONSIBILITY FOR

ANY RISK OF ILLNESS, BODILY INJURY, DEATH, OR PROPERTY DAMAGE to me, including due to negligence, active or passive, or otherwise while in, about or upon the premises of the Center and/or while using the premises or any facilities or equipment thereon or participating in any Activity at the Center. I acknowledge that any illness or injuries that I contract or sustain may be compounded by negligent first aid or emergency response of the Releasees, and I waive any claim in respect thereof.

I further expressly agree that this COVID-19 WAIVER OF LIABILITY, ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by applicable law and that if any portion hereof is held invalid, it is agreed that the balance will, notwithstanding, continue in full legal force and effect.

I agree on behalf of myself and my spouse, our heirs, successors, and assigns, to release, indemnify, hold harmless, and defend the Releasees associated with the Group Activity arising from or in connection with the negligent acts or omissions of the Releasees in relation to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT I AM AGREEING TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM THEIR OWN NEGLIGENCE IN REGARD TO THE RELEASEES' NEGLIGENT ACTION AND/OR INACTION IN REGARD TO PROTECTION AGAINST THE COVID-19 VIRUS.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, HOLD HARMLESS AND INDEMNITY AGREEMENT and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE RELEASEES IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGES, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID -19 WHILE AT THE GROUP ACTIVITY AT THE CENTER AND ALL ILLNESS, INJURY, OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS AND IS BINDING ON ME, MY HEIRS, FAMILY, ESTATE, REPRESENTATIVES AND ASSIGNS.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS COVID-19 WAIVER OF LIABILITY, ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT AND AGREE TO ITS TERMS.

NAME: _____ (Please Print)

SIGNATURE: _____ Date: _____