



# Alternative Spring Break Registration Form

Terra Sancta Retreat Center  
2101 City Springs Rd, Rapid City, SD 57702  
stay@terrasancta.org; Phone: 605-716-0925

## Participant Information (one form for each participant)

Registration Date: \_\_\_\_\_

Name (First MI Last):			
Street Address/PO Box:			
City, State Zip:			
Primary Phone:		Email:	
Age:	<input type="checkbox"/> 18 or older	<input type="checkbox"/> under 18 - date of birth: ___/___/___	<b>(Parent signature required if under 18)</b>
Room Preference ( check one):	<input type="checkbox"/> single room <input type="checkbox"/> shared room (please list roommate preference: _____)		

## Medical Information

Health Insurance Carrier		Policy #	
Group #		Primary Care Doctor:	
Emergency Contact Name (printed):			
Emergency Phone Number(s):			
In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:			

## Signature/Authorization

I fully understand the consequences of and sign this Registration Form, including Medical Permission, Liability Waiver, Permission to Photograph, and Cancellation Policy knowingly, freely, and willingly. I understand that all payments are non-refundable.	
Signature of Retreat Participant	Date
Signature of Parent (if participant is under the age of 18)	Date

## Please return this completed form and payment of \$30 to the Terra Sancta Retreat Center:

Phone: 605-716-0925  
Email: stay@terrasancta.org



Terra Sancta Retreat Center  
Alternative Spring Break Retreat  
2101 City Springs Rd  
Rapid City, SD 57702

### Cancellation Policy: All payments are non-refundable.

**Nature of Risks:** I understand that travel to and from Rapid City, may involve certain risks beyond the reasonable control of the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperones, including but not limited to accidents, emergencies, exposure to reckless conduct of persons, and/or negligence of the Terra Sancta, and the Diocese of Rapid City is disclaim any and all responsibility for any such risks.

I agree that if I have an illness requiring dismissal from the above named retreat, or there is an accident or emergency requiring my dismissal, or if my participation must be discontinued in event of accident or emergency, I will be sent home at my expense, I assume the risk of any loss of any non-refundable or additional costs associated with travel and fees for the Diocese of Rapid City sponsored retreat as listed above with no right of reimbursement or refund for any amount in connection with the Terra Sancta Retreat Center.

### Parental Permission for Participants under the age of 18

Participants under the age of 18 will be asked to sign the diocesan Code of Conduct for Youth. This form must also be signed by a parent/guardian. Forms are available from your parish office or request one from [stay@terrasancta.org](mailto:stay@terrasancta.org).

I, the abovesigned parent or guardian, grant permission for my child, named on the front of this form, to participate as in the above named retreat at Terra Sancta. Retreat sessions will take place under the guidance and direction of retreat center employees and or volunteers from the retreat center. As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the aforementioned minor (participant). I hereby authorize the retreat center to take my child for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

Without compensation, I hereby grant permission to the Diocese of Rapid City to use and reproduce photographs/videos taken of my child as they participate in the above named retreat at Terra Sancta. These photographs/videos may be used for news, editorial, and promotional purposes in publications, electronic reproductions and/or brochures. I hereby release the photographer/videographer, the journalists, and the publications or media outlets they represent, as well as the Diocese of Rapid City, from all claims and liability relating to said photographs/videos.

### Adult Participants

The adult participant listed on this form agrees on behalf of myself, my heirs, assigns, executors, and personal representatives, to defend, protect, indemnify and hold harmless the Diocese of Rapid City against and from all claims arising from the negligence or fault of the aforementioned adult participant which arise out of participating in the aforementioned retreat at Terra Sancta. Additionally, the aforementioned adult participant agrees to protect, defend, hold harmless and fully indemnify the Diocese of Rapid City and Terra Sancta for any claim or cause of action whatsoever arising out of participating in a retreat at Terra Sancta that is brought against the Diocese of Rapid City by the aforementioned adult participant or their family members whether such claim arises from the alleged negligence of the Diocese of Rapid City, its employees or agents or the aforementioned adult participant's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Without compensation and as an adult participant, I hereby grant permission to the Diocese of Rapid City to use and reproduce photographs/videos taken of me. These photographs/videos may be used for news, editorial or promotional purposes in publications, electronic reproductions, and/or brochures. I hereby release the photographer/videographer, the journalists, and the publications or media outlets they represent, as well as the Diocese of Rapid City, from all claims and liability relating to said photographs/videos.