

EVENT: Sa Mạc Huấn Luyện Huynh Trưởng Cấp 1 / Cấp 2

Dấn Thân 25, Tin Yêu 21 LOCATION: Glacier View Ranch

(8748 Overland Road, Ward, CO 80481)

DATE & TIME: 8/14/2025 at 12:00 P.M. through 8/17/2025 at

12:00 P.M.

PARTICIPANT AGREEMENT FORM

Address:	EMAIL: MINOR DIOCESE: DOCTOR PHONE #:	GENDER:	STATE:	ZIP CODE:
PHONE #: check if participant is a minor PARISH: Check if participant is a minor HEALTH INFORMATION:	EMAIL: MINOR DIOCESE: DOCTOR PHONE #:	GENDER:	□ MALE □ F	
BIRTHDAY: check if participant is a minor PARISH: HEALTH INFORMATION:	MINOR DIOCESE: DOCTOR PHONE #:	GENDER:	□ MALE □ F	
PARISH: HEALTH INFORMATION:	DOCTOR PHONE #:			EMALE
HEALTH INFORMATION:	DOCTOR PHONE #:			
Doctor:				
	INSURANCE ID #:			
Insurance Co.:			INSURANCE G	ROUP #:
CARDHOLDER'S NAME:				
PARTICIPANT'S ALLERGIES (including meds and food):				
PARTICIPANT'S CHRONIC MEDICAL/PSYCHIATRIC CONCERNS, OR PHYSIC alcohol/substance use; or physical disability):	•			•
EMERGENCY CONTACT INFORMATION:				
Name:	PHONE #:			
RELATIONSHIP TO PARTICIPANT (must be a parent or guardian if partic				
I,, an adult (age of named participant, or I am the parent/guardian of the mid Event") organized and/or sponsored by the Vietnamese Ethat my or my child's participation in The Event is totally volume I am aware that The Event may involve the following active singing, clapping, shouting, sitting for prolonged periods of	inor who will be par Eucharistic Youth Mo oluntary. vities but not limited of time, early wake-u	ticipating ir ovement in to: running up, sleeping	n the above- the U.S.A. (" , jumping, sh , in cabins, u	mentioned event ("The VEYM"). I am fully aware aring personal stories, se of low-light restrooms,
outdoor activities in dirt and rocky terrain, sleeping outdoor and	ors, activities relating	g to outdoo	or environme	ent, aquatic activities,
In consideration of VEYM's agreement to permit me to pa consideration is hereby acknowledged, I agree as follows:	•	nt, the rece	ipt and suffic	ciency in which
I,, hereby:				
 Release, acquit and forever discharge VEYM and their representatives, affiliates, and sponsors, in their official of their employees and agents, representatives, sponsors, any and all damages, injuries (including death) to personnection with my participation in The Event, which meaning to and stemming from the Event, including, leading up to and stemming from the Event, even those (please initial for concurrence) Agree to indemnify (compensate for harm or loss), deferences 	and individual cape , chaperones, or vol sons, loss to property nay be sustained or but not limited to, the se activities which a	acities, as w unteers, fro r, or both, w suffered by nose related rise out of r	vell as my Pa m any and o vhich arise d v me, my chi d activities d my travel to o	rish and my Diocese, all liability whatsoever for uring, out of, or in ild or any person in irectly or indirectly and from The Event;

agents, servants, officers, trustees, representatives, affiliates, and sponsors, in their official and individual capacities, as well as my Parish and my Diocese, their employees and agents, representatives, sponsors, chaperones, or volunteers, against all claims, including, but not limited to, claims of negligence, unintentional acts, and acts of omission, and from any and

	all liability, loss or damage they sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses they incur, including attorney's fees, which result from or arise out of my or my child's participation in The Event, including but not limited to, my travel to and from The Event (please initial for concurrence)
Ιh	nereby acknowledge and accept that:
	There are certain inherent dangers and foreseeable and unforeseeable risks of harm to myself, my child and others arising from The Event's various activities, including but not limited to, sustaining bodily or emotional injury, that could result from my participation in The Event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of VEYM's permission to allow me or my child to participate in The Event; (please initial for concurrence)
4 . 5.	Weather conditions, including Acts of God, or natural causes (which humans do not intervene to cause), may alter or affect plans, expenses, and activities relating to, and including, The Event, and I understand that inherent dangers and risks of harm to myself, my child and others as a result of such natural causes may vary, and I assume all foreseeable and unforeseeable risks of harm I or my child may be exposed to therefrom; (please initial for concurrence) My or my child's personal property may be at my risk of theft, damage or loss entirely; (please initial for
6.	VEYM reserves the right to decline, to accept, or retain me or my child in The Event at any time should my actions or general behavior impede the operation of The Event or the rights or welfare of any other person. <u>Lunderstand that Lor my child may be required to leave The Event in the sole discretion of VEYM's agents and representatives.</u> If I am or my child is required to leave, no refund will be given to me or my child for any unused portion of The Event, and VEYM will not reimburse me for any alleged direct or indirect costs or expenses I or my child incurred as a result of my or my child's participation in The Event (please initial for concurrence)
	I understand that VEYM, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement. In the event of cancellation of The Event in whole or in part, I accept that I or my child may not be reimbursed or refunded for any unused portion of The Event (please initial for concurrence)
to district to proper to to to proper to	represent and warrant that I am or my child is covered throughout The Event by a policy of comprehensive health and coldent insurance which provides coverage for injuries which I or my child may sustain as part of my or my child's articipation in The Event. Even if I am or my child is not covered by any health insurance during The Event, however, I agree complete the HEALTH INFORMATION section to the best of my ability and, by its completion, I hereby release and scharge VEYM of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expenses I may incur nile participating in The Event. By completing the form, I hereby authorize VEYM to obtain any necessary medical treatment myself or my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any operly licensed medical professional, and I explicitly authorize VEYM to release medical information about me or my child any person or entity to whom VEYM refers me for medical treatment. (please initial for concurrence) agree that this agreement is to be construed pursuant to the laws of the State of and is tended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the alance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in lation to this agreement must be brought in court in County, are Court. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence. hereby grant VEYM my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my name, bice, image, and/or likeness that arise from my participation in The Event, whether still or motion pictures, audio or video pe, for promotional, instructional, business or any other lawful purposes, at VEYM's sole discretion.
1U 1A	NDERSTAND ITS TERMS AND PROVISIONS, THAT I UNDERSTAND IT AFFECTS MY LEGAL RIGHTS, THAT IT IS A BINDING AGREEMENT, ND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A ONTRACT AND I SIGN IT OF MY OWN FREE WILL.
	' SIGNING THIS RELEASE, I ALSO ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE ODIFIED ORALLY.
Sid	GNATURE OF PARTICIPANT OR GUARDIAN:
PR	NAME: DATE: