

St. Rose of Lima Men's ACTS Retreat June 6-9, 2024

Medical Release and Liability Waiver

Participant's Name: _____

EMERGENCY CONTACT INFORMATION

Contact name: _____

Contact's relationship to participant: _____

Contact Cell Phone # (_____) _____

Contact Home Phone # (_____) _____

Contact E-Mail Address: _____

If you have a Medical Condition such as allergies or prescription medications which may require special attention during the retreat, please make sure you have checked the appropriate space on the front of this document and the director will contact you to discuss the details.

I, _____, agree to hold harmless and defend the Archdiocese of Galveston-Houston, St. Rose of Lima Catholic Church (its Pastor, clergy, staff and volunteers) or any representative associated with the conduct of this retreat unless the parties involved were negligent in the execution of their responsibilities.

SIGNATURE

DATE SIGNED

PLEASE COMPLETE BOTH SIDES, sign, detach and return the upper part of this form

You will receive a letter prior to the retreat with final instructions. If you would like additional information, please contact one of the retreat directors: Sergio Cardenas (832-216-8835), Joe Fraga (832) 350 - 2464 or Gabriel Vega (713) 446- 9575

**ACTS Retreat for Men
St. Rose of Lima Catholic Church
3600 Brinkman Street
Houston, TX 77018**

Parish office hours:
Monday through Friday (8:00 am - 6:00
pm) Closed on Saturday & Sunday