

Franciscan Friars of the Renewal from New York City Present:

YOUTH 2000 Retreat

for 8th-12th Graders

Holy Spirit Catholic Church, Fargo, ND
Friday, March 24 – Sunday, March 26, 2017



Begins at 6:30 p.m. on Friday, March 24 and ends at 12:30 p.m. on Sunday, March 26

YOUTH 2000 is a joyful weekend experience that includes the celebration of Mass, Adoration, the Sacrament of Reconciliation, talks, music, workshops led by NDSU & UMary college students, and fellowship.

REGISTRATION FEE: \$50

**Includes lunch and dinner on Saturday*

**Local students will return home at night. Out of town groups need to find own housing.*

Make checks payable to: Holy Spirit Catholic Church and return with completed form on the reverse side of this page to Jeff Benda at parish office no later than Wednesday, March 22

For more information, contact Jeff Benda #701-799-8299 or email: jeffinfargo@gmail.com

YOUTH 2000 RETREAT

REGISTRATION & LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: Youth 2000 Retreat

Location: Holy Spirit Catholic Church, Fargo

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., and Holy Spirit Catholic Church in Fargo, ND from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older).

The undersigned further agree to indemnify and hold YOUTH 2000, Inc., and Holy Spirit Catholic Church in Fargo, ND and its respective members, directors, employees, and agents (collectively, the "Indemnities,") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is under 18, 18 or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the YOUTH 2000 Retreat and all of its activities and hereby give permission to YOUTH 2000 and Holy Spirit Catholic Church in Fargo, ND to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

This form MUST be signed by ALL participants. If participant is under 18, parent or legal guardian must sign.

NAME _____ AGE _____ GRADE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

CELL PHONE _____ CONTACT EMAIL _____

HOME PARISH _____

**PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____

**PARTICIPANT'S SIGNATURE (if 18 or older) _____
