

LIABILITY RELEASE FORM
RELEASE OF ALL CLAIMS



miles jesu®

Activity: Miles Jesu Retreat
Date of Activity: November 3-5, 2006
Location: 1126 W. Morse Ave.,
Chicago, IL 60626

The undersigned do hereby release, forever discharge and agree to hold harmless Miles Jesu and all its members 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 Miles Jesu and all its members (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 the participant is 18 or under, 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 Miles Jesu Retreat and all of its activities and hereby give permission to Miles Jesu 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 reason, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

Name: _____ **Age:** _____

Address: _____

City, State, Zip Code: _____

Telephone: (___) ___ - ____

****Parent(s) or legal guardian(s) signature**

(1) _____ **Date:** _____

(2) _____ **Date:** _____

Participant's Signature (if 18 or older): _____

**Registration Form
for the RETREAT (men, ages 16-32)
November 3-5, 2006 • Chicago, IL**

First Name: _____

Last Name: _____

Address: _____

City: _____

State/Province: _____ ZIP/Postal Code: _____

Phone: _____

Cell: _____

E-mail: _____

Date of Birth: _____

Student: Yes No

Occupation: _____

You can send your \$10 registration deposit by check payable to Miles Jesu (put November-2006 Retreat in Memo) or you can register by phone or by mail using credit card. The balance may be paid on arrival.

Credit Card

VISA MASTERCARD

Card # _____ / _____ / _____ / _____

Exp. Date _____ / _____ CID# _____ (3-4 digit # on the back of credit card)

Name of the card holder: _____

Billing Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Signature of the card holder: _____