

The Vine – Fall 2017 Retreat
For Undergraduate Students

Location: Camp Io-Dis-E-Ca (3271 Sandy Beach Road NE Solon, Iowa)

Date: October 13-15 (Be at Newman by 5pm on Friday and plan to return to Newman at 1pm on Sunday)

Cost: Registration \$30

Deadline: Registration Due Date October 10

*Must turn in registration form and fee together to Christine to secure your spot on the retreat.

Name: _____ T-shirt size: _____

Year: _____ Major: _____

Local Address: _____

Cell #: _____ Email: _____

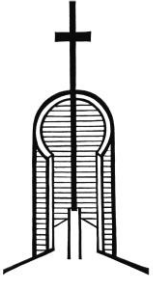
Do you have any dietary restrictions? Circle Yes or No, Explain: _____

Do you have any allergies? Circle Yes or No, Explain: _____

Is there anything else we should know to make sure you are accommodated? Circle Yes or No, Explain:

Invited by: _____ Date: _____ Paid: _____ Cash _____ Check # _____

*You will be asked to complete a liability and medical waiver form before leaving for the retreat.



Iowa Catholic

Newman Catholic Student Center
at The University of Iowa

WAIVER and RELEASE FROM LIABILITY

Please read carefully – this affects your legal rights.

In exchange for participation in the Fall Retreat – The Vine October 13-15, 2017 organized by the Newman Catholic Student Center at The University of Iowa

I, _____ of _____
(participant's printed name) (participant's address)

Agree for myself and (if applicable) for the members of my family, to the following:

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by _____, or their employees, representatives or agents.

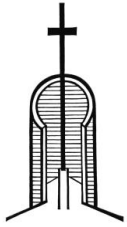
I recognize and acknowledge that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury, death, or damage to personal property, and further release and discharge The Newman Catholic Student Center, its employees, and the Catholic Diocese of Davenport for injury, loss, or damage arising out of my, or my family's participation or use of or presence throughout the duration of the trip, whether caused by the fault of myself, my family, or other third parties.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up future legal rights. I have signed this agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Any legal or equitable claim that may arise from participation in the above shall be resolved under Iowa law.

(Participant's Signature)

Date _____



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Fall Retreat 2017: Medical Information Form

Full Name: _____

Date of Birth: _____ Year in School: _____

Email Address: _____

Cell Phone Number: _____

Home Address: _____

Are you allergic to any food items, or do you have any dietary restrictions?

Are you currently taking any prescription medications? (Please list)

Health Insurance Provider: _____

Health Insurance Plan Number: _____

In the event of an emergency, please contact:

Name: _____

Phone Number: _____

I understand that all of the above information will be kept strictly confidential, and that it will only be used in the case of an emergency. I authorize Newman Center Staff to seek medical treatment on my behalf, in the event that I am unable to do so myself:

Signature: _____ Date: _____