ADULT LIABILITY WAIVER

Each adult participant must sign this form.

Parish/School: **Office of Vocations**

Nature of Activity: Discernment Event - Archbishop Discernment Retreat

Date: October 16 - 18, 2026

Duration: Retreat check - in at 5 p.m. on Friday. Retreat concludes at 1 p.m. on Sunday.

RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT & MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors,

Print Full Name

and personal representatives, to hold harmless, and defend the Archdiocese Office of Vocations, the Archdiocese of

Saint Paul and Minneapolis, its officers, directors, agents, employees and representatives ("Releasees") associated with the Activity from any and all liability claims, injury, loss and damage arising from or in connection with my participation in the Activity.

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action whatsoever, including but not limited to all claims relating to communicable disease, arising out of the above Activity which takes place during the above identified dates that is brought against Releasees by myself or my family members, heirs, assigns, executors, and personal representatives.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: If I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies and/or other health conditions: _____

_____

_____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Night-time phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____Insurance Policy Number: _____

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AUTHORIZATION FOR MEDICAL TREATMENT, INDEMNIFICATION AGREEMENT AND RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

_____ _____

Signature Date

AUTHORIZATION, CONSENT AND RELEASE FOR USE OF VISUAL LIKENESSES AND ORIGINAL WORKS

I _____ (full name) grant the following rights to Archdiocese of Saint Paul and Minneapolis Office of Vocations;

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of me in the possession of Archdiocese of Saint Paul and Minneapolis Office of Vocations The right to use, reproduce, publish, exhibit, distribute, and transmit the image of me individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of me individually or in conjunction with other images or printed matter on Archdiocese of Saint Paul and Minneapolis Office of Vocations and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
3. The right to record, reproduce, amplify, edit, and simulate my image and all sound effects produced;
4. The right to copyright, in the name of Archdiocese of Saint Paul and Minneapolis Office of Vocations and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of me;
5. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever my original work; and
6. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of me will become the property of Archdiocese of Saint Paul and Minneapolis Office of Vocations. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of my image or my original work.

I hereby release, discharge, and agree to indemnify and hold harmless Archdiocese of Saint Paul and Minneapolis Office of Vocations, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I have or may have or may arise by reason of this authorization and from the use of my image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding my likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform Archdiocese of Saint Paul and Minneapolis Office of Vocations in writing and that my rescission will not take effect until it is received by Archdiocese of Saint Paul and Minneapolis Office of Vocations. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that Archdiocese of Saint Paul and Minneapolis Office of Vocations and the Archdiocese of Saint Paul and Minneapolis have the right to use my name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Name (please print):_____

Address:_____

Phone number:_____

Signature:_____Date:_____