

# SFYNA YOUTH RETREAT WAIVER FORM

GALVESTON, Texas  
October 10-12, 2006

First Name	Last Name	Age	M	F
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## WAIVER OF LIABILITY

I understand there are risks inherent in participation in outdoor and indoor activities at the SFYNA Retreat 2006. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS SFYNA, SFCNA, SFCH and its members from all liability, claims, demands, losses, or damages on my account in relation to retreat participation.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL CONSENT (18 and younger)

I understand there are risks inherent in participation in outdoor and indoor activities at the SFYNA Retreat. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS SFYNA, SFCNA, SFCH and its members from all liability, claims, demands, losses, or damages on the minor's account in relation to retreat participation.

Printed Name of Parent/Guardian:

\_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (only if participant is under the age of 18)

\_\_\_\_\_