



# Holy Rosary Men's ACTS Retreat

## March 23-26 2023

Director – Kevin Fishbeck (979) 732-0919  
Co-Director – Larry "Bear" Kana (979) 877-5589  
Co-Director – Eric Oeding (512) 294-6382  
Retreat Pastor - Fr. Wayne Flagg (979) 733-7774  
Spiritual Liaison - Deacon John Glueck (979) 733-2944

*"I AM THE RESURRECTION AND THE LIFE, WHOEVER BELIEVES IN ME WILL LIVE"*  
JOHN 11:25-27

### Registration Form

You are invited to join us to spend a weekend with God attending an ACTS Retreat. This is an opportunity for spiritual renewal and making new friends. Its aim is to enhance our relationship with Our Lord and with other Christian men who accompany us on this journey of faith. This retreat is hosted by Catholic men, with spiritual guidance from the Catholic faith. This experience will take place at the Cathedral Oaks Retreat Center just outside of Weimar, Texas.

This retreat begins with Send-Off on Thursday evening, March 23<sup>rd</sup> at 5:30 pm at St. Michael Family Center in Weimar (508 N. Center St, Weimar TX 78962). Transportation is provided to & from the retreat center. The retreat ends with Return Mass on Sunday, March 26th, at 10:30 am, at St. Michael the Archangel Catholic Church in Weimar. You will be contacted with more information when registration is complete.

Please return this form, along with a \$50 deposit to reserve your place. The cost of the retreat is \$175. The remaining \$125 will be due Thursday when you check in for the retreat. Make checks payable to Holy Rosary ACTS. (No one will be turned down due to financial difficulties. If you need assistance, please contact one of the directors to make arrangements.

**Please mail registrations with deposit to Kevin Fishbeck 402 North College, Weimar TX 78962**

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Parish Membership: \_\_\_\_\_

List any food/environmental allergies: \_\_\_\_\_  
List Medical Conditions:  High Blood Pressure  Seizures  Diabetes  CPAP use  
Other: \_\_\_\_\_

Rooms and bathrooms will be shared with other retreatants.  
Can you sleep on a top bunk if necessary? \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Has your family attended an ACTS retreat in the past? \_\_\_\_\_

Emergency Contacts:  
1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_



**CONSENT / ASSUMPTION OF RISK FORM AND  
RELEASE OF LIABILITY DUE TO COVID-19**

The Virus that causes COVID-19 can infect people of all ages. Persons of ALL AGES can be infected with COVID-19, and some will develop a severe illness. Even a young person with a mild or even asymptomatic case of COVID-19 can spread the infection to others, including those who may be far more vulnerable.

COVID-19 may be spread from person to person by coughing, sneezing, speaking, and even breathing. Persons should monitor their health; DO NOT participate in any events if you are displaying any symptom of COVID-19.

Participant's name: \_\_\_\_\_ ("the participant")

Participant's Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, will be participating in the Holy Rosary Men's Acts Retreat ("Event"). The Event will be conducted under the guidance and direction of Holy Rosary ACTS Core & St. Michael Catholic Church in Weimar and the employees and volunteers of the church. I acknowledge and affirm that I am aware of the hazards and risks associated with my participation in and presence at, the Event, including, but not limited to, the risk of exposure to COVID-19. By participating at the Event, I voluntarily assume full responsibility for any risks of loss, personal injury, exposure to illness and / or death that may be sustained as a result of my participation in, and presence at, the Event.

Furthermore, I understand, acknowledge, and agree that the church will not be responsible for any medical costs associated with any injury, including, but not limited to, exposure of COVID-19, while participating at and/or being present on the property of the church or Event site. Furthermore, I agree I will not be present at the Event if I display any symptoms of COVID-19 or have been exposed to anyone with COVID-19. I will notify the church immediately if I am exposed or develop symptoms. I agree to comply with rules and directives of the church, and will actively encourage others to do the same.

**IN CONSIDERATION OF MY ABILITY TO ATTEND THE EVENT, I AGREE ON BEHALF OF MYSELF AND ALL OR ANY OF OUR HEIRS, SUCCESSORS, AND ASSIGNS, TO HOLD HARMLESS, RELEASE AND DEFEND THE DIOCESE OF VICTORIA AND THE PARISH NAMED ABOVE AND THEIR EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, VOLUNTEERS OR REPRESENTATIVES FROM ANY COVID-19- RELATED CLAIMS, DAMAGES OR LIABILITIES ARISING FROM OR IN CONNECTION WITH MY ATTENDANCE AT THE PARISH INCLUDING ANY ILLNESS OR INJURY OR COSTS OF MEDICAL TREATMENT. THIS RELEASE INCLUDES CLAIMS, DAMAGES OR LIABILITIES THAT ARISE FROM THE NEGLIGENCE OF THE DIOCESE OF VICTORIA OR ANY ACTS OF THE DIOCESE OF VICTORIA.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_