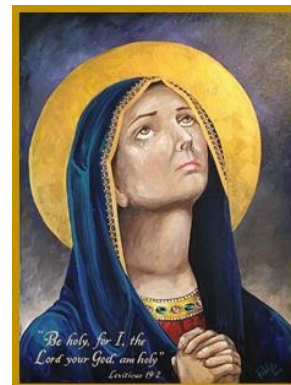


Holy Rosary Women's ACTS Retreat

February 16-19, 2023



Director: Melanie Ulrich 979-561-6367
Co-Director: Catherine Janecka 979-732-0111
Co-Director: Cara Janecka 979-249-6888
Retreat Pastor: Fr. Wayne Flagg
Spiritual Liaison: Megan Hammons



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 women who accompany us on this journey of faith. This retreat is hosted by Catholic women, 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, February 16th at 5:30 pm at St. Michael the Archangel Catholic Church 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, Feb. 19th at 10:30 am, also at St. Michael the Archangel Catholic Church. 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 to Melanie Ulrich, 301 W. South St., 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 Women'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 ACTS HOLY ROSARY 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 LIABILITES THAT ARISE FROM THE NEGLIGENCE OF ACTS HOLY ROSARY OR THE PARISH LISTED ABOVE.

Signature: _____ Date: _____