

Holy Rosary Women's ACTS Retreat

Aug. 26-29, 2021



Director – Bethany Muzny 979-733-6898
Co-Director – Samantha Glueck 281-799-6677
Co-Director – Megan Hammons 512-689-6405
Spiritual Director – Rev. Bob Knippenberg
Spiritual Companion – Stacy Oeding 979-743-1147

**"Every perfect gift is
from above, coming
down from the
Father of lights..."
James 1:17**

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, Aug. 26 at 5:30 pm at St. Roch Catholic Church in Mentz (1600 Frelsburg Rd, Alleyton, TX). Transportation provided to & from the retreat center. The retreat ends with Return Mass on Sunday, Aug. 29 at 10:30am, also at St. Roch in Mentz. 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 Bethany Muzny, 2644 Zimmerscheidt Rd., Alleyton, TX 78935.

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: _____

Can you sleep on a top bunk if necessary? Y / N T-Shirt Size: _____

Has your family attended an ACTS retreat in the past? Y / N

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. Reasonable precautions by the church will be taken based on available guidance. The church has implemented policies and practices to reasonably reduce the exposure to, and spread of, COVID-19; however, the risks and hazards of being exposed to COVID-19 associated with the various programs offered by the church cannot be completely eliminated.

COVID-19 may be spread from person to person by coughing, sneezing, speaking, and even breathing. A certain percentage of people are likely to occasionally disregard social-distancing guidelines, notwithstanding supervision and appropriate sanctions. 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. Roch's Catholic Church in Mentz 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. I further understand that although the church has implemented policies and practices to prevent the exposure to, and spread of, COVID 19, the risks and hazards of being exposed to COVID-19 associated with the participation in, and presence at, the Event cannot be completely eliminated. 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 LIABILITES THAT ARISE FROM THE NEGLIGENCE OF THE DIOCESE OF VICTORIA OR ANY ACTS OF THE DIOCESE OF VICTORIA.

Signature: _____ Date: _____