

**Holy Spirit Ministries Hold Harmless/Indemnity Form**  
(to be completed by all retreat center guests regardless of age)

Name: \_\_\_\_\_ Group Name \_\_\_\_\_

Retreat Dates: \_\_\_\_\_ Group Leader Name \_\_\_\_\_

This form must be completed by all participants who take part in any activities, outings, or services offered by, or at the facilities of, Holy Spirit Ministries, Inc. If a participant is under the age of 19, both the participant and the participant's guardian must complete this release. No participant will be permitted to attend any outing or activity at Holy Spirit Hall and/or Sacred Heart Chapel until this release has been completed.

**Waiver and Release from Liability and Indemnity**

I agree and, on behalf of my child named herein, or our heirs, successors, and assigns, agree to defend, protect, indemnify and hold harmless Holy Spirit Ministries, Inc., its officers, directors, employees or agents from any claim for illness, injury or death arising from or in connection with myself or my child taking part in any activities, outings, or services offered at the facilities of Holy Spirit Ministries, Inc. I further agree and, on behalf of my child named herein, or our heirs, successors and assigns, agree to protect, defend, hold harmless and fully indemnify Holy Spirit Ministries for any claim or cause of action whatsoever arising out of any activities, outings or services offered at the facilities of Holy Spirit Ministries, Inc. whether such claim arises from the alleged negligence of Holy Spirit Ministries, its employees or agents.

I understand and agree and, on behalf of my child named herein, that Holy Spirit Ministries, Inc., its officers, directors, employees or agents neither assume nor accept no liability for personal injury, loss of life, theft or damage to personal property.

**Medical Emergency**

In the event of a medical emergency, I understand, and on behalf of my child named herein, understand that the group leader, not Holy Spirit Ministries, Inc., will be responsible for medical care of all attendees. I release, and on behalf of my child named herein, release Holy Spirit Ministries, Inc., from any and all liability related to medical treatment.

**Photo/Video Release**

I authorize Holy Spirit Ministries, Inc., to publish, copyright, and reuse any photos or videos taken of me or my child by any medium, including electronically on social media or web-based platforms, or additional outlets.

Printed Participant Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Parent or Legal Guardian Name (if participant is under 19) \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_