## The Vietnamese Eucharistic Youth Movement in the U.S.A.

7711 Garden Grove Blvd., Garden Grove, CA 92841

Web: http://veym.net - Phone: (714) 901-2395 - Email: veymoffice@veym.net

EVENT: SM HL Huynh Trưởng Cấp 2 - NS: VL 36

**LOCATION:** Benedictine Monastery of Thiên Tâm

**DATE/TIME:** August 30 -September 2, 2019

## PARTICIPANT AGREEMENT FORM

PARTICIPANT'S INFORMA		
LAST NAME:	FIRST NAME: _	STATE:ZIP CODE:
ADDRESS:	CITY:	STATE:ZIP CODE:
PHONE #:	EMAIL: Check if participant is a minor ☐ MINOF	CENDED EL MALE EL FEMALE
	DIOCES	E:
HEALTH INFORMATION:	DOCTOR BUO	ME #.
INSUBANCE CO :	INCLIDANCE ID #	NE #: INSURANCE GROUP #:
CARDHOLDER'S NAME:	INSURANCE ID #	INSURANCE GROUP #
PARTICIPANT'S ALLERG	IES (including meds and food):	
		SICAL RESTRICTIONS: (e.g. diabetes; behavioral
health related concerns,	• • • •	ıbility):
EMERGENCY CONTACT:		
NAME:	PHONE #:	
RELATIONSHIP TO PAR	TICIPANT (must be a parent or quardian if partici	ipant is a minor):
VAIVER AND RELEASE:		
	, an adult [age of maj	ority per State (e.g. 18 years old in
	named participant, or I am the parent/quardian o	
	("The Event") organized and/or sponsored by	, , ,
	("VEYM"). I am fully aware that my or my chil	
	( VETIVI ). Fall Folly aware that my or my chin	d 5 participation in The Event is totally
voluntary.		
I am aware that The Ever	nt may involve the following activities but not	limited to: running, jumping, sharing personal
stories, singing, clapping	, shouting, sitting for prolonged periods of tim	ne, early wake-up, sleeping in cabins, use of
low-light restrooms, out	door activities in dirt and rocky terrain, sleepir	ng outdoors, activities relating to outdoor
	tivities, and	
	//s agreement to permit me or my child to par	
	ideration is hereby acknowledged, I agree as f	
sometency in which cons	ideration is hereby definionic age at a greet as t	onews.
l,	, hereby:	
1. Release, acquit and fo	orever discharge VEYM and their employees, v	olunteers, agents, servants, officers,
	ives, affiliates, and sponsors, in their official ar	
· ·	r employees and agents, representatives, spor	, , , ,
•	pever for any and all damages, injuries (includi	
	ing, out of, or in connection with my participat	
	nild or any person in connection with any activ	· · · · · · · · · · · · · · · · · · ·
, , ,	, ,	. 5.
-	vities directly or indirectly leading up to and ste	•
	out of my travel to and from The Event;	
, ,	compensate for harm or loss), defend and hold	
	ervants, officers, trustees, representatives, affi	
	as well as my Parish and my Diocese, their em	. ,
sponsors, chaperones	s, or volunteers, against all claims, including, b	ut not limited to, claims of negligence,
unintentional acts, an	id acts of omission, and from any and all liabili	ty, loss or damage they sustain as a result of
any claims, demands,	actions, causes of action, judgments, costs or	expenses they incur, including attorney's
	n or arise out of my or my child's participation	
	The Event(please initial for concu	· · · · · · · · · · · · · · · · · · ·
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I hereby acknowledge and accept that:
3. There are certain inherent dangers and foreseeable and unforeseeable risks of harm to myself, my child and

	others arising from The Event's various activities, including but not limited to, sustaining bodily or emotional injury, that could result from my participation in The Event. I have knowingly and voluntarily decided to assume
	the risks of these inherent dangers in consideration of VEYM's permission to allow me or my child to
	participate in The Event; (please initial for concurrence)
,	Weather conditions, including Acts of God, or natural causes (which humans do not intervene to cause), may
+•	alter or affect plans, expenses, and activities relating to, and including, The Event, and I understand that inherent
	dangers and risks of harm to myself, my child and others as a result of such natural causes may vary, and I
	assume all foreseeable and unforeseeable risks of harm I or my child may be exposed to therefrom;
	(please initial for concurrence)
_	My or my child's personal property may be at my risk of theft, damage or loss entirely;(please initial
5٠	for concurrence)
2	VEYM reserves the right to decline, to accept, or retain me or my child in The Event at any time should my
٦.	actions or general behavior impede the operation of The Event or the rights or welfare of any other person. I
	· · · · · · · · · · · · · · · · · · ·
	understand that I or my child may be required to leave The Event in the sole discretion of VEYM's agents and
	representatives. If I am or my child is required to leave, no refund will be given to me or my child for any unused
	portion of The Event, and VEYM will not reimburse me for any alleged direct or indirect costs or expenses I or my
_	child incurred as a result of my or my child's participation in The Event
7.	I understand that VEYM, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior
	to commencement. In the event of cancellation of The Event in whole or in part, I accept that I or my child may
	not be reimbursed or refunded for any unused portion of The Event(please initial for concurrence)
<b>*</b> 1	represent and warrant that I am or my child is covered throughout The Event by a policy of comprehensive
	ealth and accident insurance which provides coverage for injuries which I or my child may sustain as part of my or
	y child's participation in The Event. Even if I am or my child is not covered by any health insurance during The ent, however, I agree to complete the HEALTH INFORMATION section to the best of my ability and, by its
	ompletion, I hereby release and discharge VEYM of all responsibility and liability for any injuries, illnesses, medical
	lls, charges or similar expenses I may incur while participating in The Event. By completing the form, I hereby
	ithorize VEYM to obtain any necessary medical treatment to myself or my child, consent to any necessary
	ramination, treatment, or care under the supervision and/or advice of any properly licensed medical professional, and I explicitly authorize VEYM to release medical information about me or my child to any person or entity to
	hom VEYM refers me for medical treatment (please initial for concurrence) agree that this agreement is to be construed pursuant to the laws of the State of Texas and is intended to be as
	oad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance
	ereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in
	lation to this agreement must be brought in Navarro County, TX court.
	To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.
	hereby grant VEYM my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell
	y name, voice, image, and/or likeness that arise from my participation in The Event, whether still or motion
	ctures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at VEYM's sole scretion.
JI.	scietion.
	LOCANING THIS ACREMENT THEREBY ACKNOWN EDGE AND REPRESENT THAT THAT THAY BEAR THIS
	I SIGNING THIS AGREEMENT, I HEREBY ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS
	NTIRE DOCUMENT, THAT I UNDERSTAND ITS TERMS AND PROVISIONS, THAT I UNDERSTAND IT
	FFECTS MY OR MY CHILD'S LEGAL RIGHTS, THAT IT IS A BINDING AGREEMENT, AND THAT I HAVE
	GNED IT KNOWINGLY AND VOLUNTARILY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY
A۱	ND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.
	Y SIGNING THIS RELEASE, I ALSO ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENT AND THAT
ΤI	HIS RELEASE CANNOT BE MODIFIED ORALLY.
Si	gnature of Participant or Guardian:
Pı	rint Name:Date:Date: