

Adult Retreat Application

Each adult participant must sign this form.

God is Calling - You! He is asking us to step away from the everyday stress and life we normally lead, and allow ourselves to reflect on what He wants from us individually and as a community. Hear what your peers have to share with you. Take inspiration from their reflections, find your way on your Christ Journey. Some of you may be on your path already, but we all falter and take wrong turns every now and then. Come together for a weekend to allow yourself to listen, pray, laugh, and reflect.

The retreat will be held on Friday, March 21 through Sunday, March 23 at Aldersgate Camp & Retreat Center - 1043 Snake Hill Rd, North Scituate, RI.

Adults and friends of Santo Christo Parish are welcome to participate in the weekend retreat "God is Calling". The weekend will include talks and activities from our team members that will help strengthen, find, recover, or help flourish your faith in God.

The retreat weekend will cost \$240 per person.. Additional information for the retreat will be provided closer to the date.

For any questions or concerns, please don't hesitate to contact Christine Catarino 508-212-4098 or by email: christeneuma@yahoo.com.

Candidate Name: _____

Telephone Number: _____

Address: _____

Email: _____

ADULT LIABILITY WAIVER / RENÚNCIA DE RESPONSABILIDADE DE ADULTOS

Each adult participant must sign this form / Cada participante adulto deve assinar este formulário.

RELEASE OF LIABILITY / EXONERAÇÃO DE RESPONSABILIDADE

I, _____, agree on behalf of myself, my heirs, assigns,

Print Full Name / Imprimir Nome Completo

executors, and personal representatives, to hold harmless and defend [Santo Christo Parish / Paróquia de Santo Christo](#), the Roman Catholic Bishop of Fall River,

Parish/School / Freguesia/Escola

Corp Sole, its officers, directors, agents, employees, or representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with my participation in [God is Calling Adult Retreat, March 21 to 23, 2025](#)

Name and Date of Event / Nome e Data do Evento

Emergency Medical Treatment: In the event of an emergency and I am unable to communicate, I hereby give permission for transportation to a hospital for emergency medical treatment. In the event of treatment beyond emergency medical treatment is required, please contact:

Name & Relationship: _____ Phone _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Date / Data

Print name / Imprimir Nome Completo

Signature: _____