FIRST YEAR RETREAT
September 16-18, 2011

Name ________________________________

E-mail ________________________________
(Please write clearly – we will contact you via email!)

Cell Phone ________________________________

Circle all of the following that apply:

Freshman  Transfer
Commuter  Out Of State
International  Jesuit Alum

IF YOU LIVE ON CAMPUS (optional):

Box No. __________
Building __________

Emergency Contact Information:

Name & Phone Number(s): ________________________________

Relationship to you: ________________________________

If you are on any prescription medication, have a medical condition, have any severe allergies, or special dietary needs* (other than vegetarian) please note this on the back of this form.

*Please note that we will notify the retreat staff but may not be able to accommodate specific individual dietary requests.

Are you a vegetarian (circle one)? Yes  No

Payment Information:

Cost: $50 by August 19th / $75 after Aug 19th (Cash, Check or Flexi gladly accepted)

Scholarships: If you are in need of financial assistance please make an appointment with Michaela Buccola to discuss options (contact information found below).

Please return your completed form (back & front) with payment to Campus Ministry in Malone 210.

If mailing: Loyola Marymount University
Campus Ministry, Malone 210
One LMU Drive
Los Angeles, CA 90045
Att: First Year Retreat

Space is limited and we fill up usually by Labor Day (300 max capacity)! Sign-up forms without payment will be held, but we cannot guarantee a spot until payment arrangements are made.

Other important information: You will receive an email within 1-2 business days confirming your spot and payment. Then a week prior to departure you will receive an email complete with a packing list and final information. A sleeping bag is NOT necessary!

Questions? Contact Michaela Buccola | Malone 210-B | 310-338-2862 | mbuccola@lmu.edu

Office Use Only
Amount: _____  Date: _____  Time: _____  Circle One: Cash  | Check  | Flexi
**Loyola Marymount University**  
**Retreat Programs**

**First Year Retreat**  
**Pali Mountain**  
**September 16-18, 2011**

**Release of Liability, Assumption of Risks and Waiver of Rights**

**PLEASE READ: YOU ARE REQUIRED TO SIGN THIS BEFORE PARTICIPATING**

I, the undersigned, wish to participate on the 2011 First Year Retreat from September 16-18, 2011 at Pali Mountain. I acknowledge that Loyola Marymount University is providing me with an optional student educational opportunity. I understand that it is a privilege, not a right, to participate in such activities.

- I will comply with all LMU policies and International, U.S. Federal, U.S. State and local regulations and laws.

- I will not engage in any activity that will interfere with my decision-making ability, impair my judgment, or in any way render me a safety hazard to myself or others. Furthermore, I understand that this activity is not associated with any LMU academic class and that participation is elective.

- I acknowledge and fully understand that I will be engaging in recreational activity which may involve risk to my person or property which could include risk of serious injury, including permanent disability and death, and severe social and economic losses including damage to or loss of personal property which might result not only from my own and others actions, in actions or negligence, or the condition of the premises or any equipment used, the lack of or unavailability of competent medical care and there may be other risks not known to me or not reasonably foreseeable at this time.

- In consideration of my request and permission to participate in the activity, I hereby voluntarily assume full responsibility of all risk of injury, death, damages, or loss which may result from my participation in the trip. I further agree for myself and my heirs to release, discharge and hold Loyola Marymount University, its agents, volunteers and employees harmless from any claims or liabilities arising from or relating to such injury, death, or loss including the risk of passive or active negligence of the released parties.

- I acknowledge by signing this form that I am currently adequately covered by appropriate health and accident insurance and acknowledge that I would not normally be adversely affected by participating in the activity named at the top of this page.

- I do not suffer from any physical infirmity or chronic illness, which would affect my ability to safely engage in any activity. If I do have any physical disabilities, I will adjust my activities to compensate for any physical limitations I may have.

- I understand that Loyola Marymount University will provide transportation to and from Pali Mountain.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Name</th>
<th>Date</th>
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The undersigned, an adult (over age 18), has read and understands this agreement, realizes it relates to surrendering and releasing certain legal rights, and does so freely and voluntarily.

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Print Name</th>
<th>Date</th>
</tr>
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The undersigned, parent of the minor wishing to participate, has read and understands this agreement, realizes it relates to surrendering and releasing certain legal rights, and does so freely and voluntarily. Parent signature is necessary if participant is under 18 years of age.