

LEAP Retreat Registration Form 2019-2020 Season

Please fill out this registration and email back to sglass@resourcevt.org or mail to: The Overlook Café, ATTN: The LEAP Program 108 Cherry Street Burlington, VT 05401

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (Apt #)

(City) (State) (Zip Code)

Telephone Number: _____

Email Address: _____

Parent or Guardian Name: _____

Parent or Guardian Phone Number: _____

Waiver Release:

Your participation with ReSOURCE LEAP Retreats is on an at-will basis. You are free to terminate your participation with ReSOURCE at any time, with or without reason. Likewise, ReSOURCE has the right to terminate your participation with or without reason, at its sole discretion.

I understand that ReSOURCE may use photos, video, and voice recordings as well as my name and any of my quotes in their marketing, printed, electronic, promotional, or other materials. By signing this form, I give ReSOURCE permission to do so.

I give permission for ReSOURCE to receive and exchange information with professional service providers and/or agencies and individuals. I understand that all information will be shared only in a professional setting and will be kept strictly confidential.

I understand that I will not receive any compensation for work or time given to ReSOURCE during my participation at the Retreat.

I understand that there are inherent risks that accompany certain types of service that I may perform during my time participating in the LEAP Retreat with ReSOURCE. I will not hold ReSOURCE liable or any of its employees for any injury sustained during my participation and I fully acknowledge the understanding of such risks.

I will not hold ReSOURCE liable for any loss or damage of personal property sustained while participating in activities at the retreat site.

I will refrain from the use of tobacco products, alcohol, and illegal drugs during my participation and follow all policies of the LEAP Retreats.

By signing your name below, you certify that all of the statements made in this registration form are true to the best of your knowledge.

Which retreat would you like to register for?

Fall Retreat- October 25-27, 2019	_____ Yes	_____ No
Winter Retreat- February 7th-9th, 2020	_____ Yes	_____ No
Spring Retreat- April 17th-19th, 2020	_____ Yes	_____ No

Signature of Participant

Date

Signature of Parent or Legal Guardian (if participant is under 18)

Date