

**LEAP Retreat Registration Form**  
**October 25<sup>th</sup>-October 27<sup>th</sup>**

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

*Registration due: Friday, October 4th*

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:

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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 Woods Lodge.

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.

Participant Name

Date

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Signature of Participant

Date

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Signature of Parent or Legal Guardian

Date