**LEAP 2023 - 2024**

**Retreat Registration**

**Spring Retreat Registration: Due Friday, March 22**

**You must get permission from your VR Counselor prior to submitting your application!**

**Fill out this registration and submit as a Word Document or PDF to:** skirby@resourcevt.org

**Check off all Retreats you are interested in attending in 2023 – 2024 - you will not have to resubmit registration forms if you check off retreats on this form!**

    \_\_\_  Spring Retreat, April 12 - 14

Name:

Current Address:

Telephone Number:

Email Address:

Parent or Guardian Name:

Parent or Guardian Phone Number:

Parent or Guardian Email:

**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.

Signature of Participant       Date

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