



Carmelite Sisters of the Most Sacred Heart of Los Angeles

General Information

Name: _____

Address: _____

City/State/Z-Code: _____

Home Phone #: () _____ Cell Phone #: () _____

E-mail Address: _____ Age: _____ D/O/B: _____

Religion: _____ Parish: _____

How did you find out about the Come and See? _____

Emergency Information

Any known allergies? _____

Any special dietary needs? _____

Any illness? _____

Medications currently taking? _____

Medications normally taken for headaches, stomach cramps, allergies, etc.? _____

Doctor: _____ Doctor's Phone #: _____

Emergency Phone Number: _____ Cell #: _____

Please list two additional adults who could be contacted in case of an emergency.

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____



Carmelite Sisters of the Most Sacred Heart of Los Angeles

Release Form

I request that _____, be permitted to participate in the discernment retreat during the days of _____.

As a condition of being allowed to do so, I hereby, release and discharge the Carmelite Sisters of the Most Sacred Heart of Los Angeles, its parent, subsidiaries, affiliates, members, or their respective officers, directors, and employees (“Releasee”) from any and all claims for personal injuries or property damage that I/he/she may suffer as a result of participation in the program or event listed above, whether or not such injuries or damages are caused by the negligence (active or passive) of Releasee. Should it be necessary to have medical treatment rendered while participating in the volunteer program, I hereby give Releasee permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the Releasee personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the Releasee and other participating adults from any liability in connection with this request.

First and last Name of Individual (please print)

Date

Signature of Individual



Carmelite Sisters of the Most Sacred Heart of Los Angeles

Permission for Use of Image and Likeness

I, _____, understand and agree that from time to time, the facility and its sponsor, the Carmelite Sisters of the Most Sacred Heart of Los Angeles, in relation to their educational and apostolic work, may wish to publish photograph(s) or video containing my image or likeness within informational/promotional media that may be available to the public. Said media may include but are not limited to brochures, visual/audio presentations, and websites. In addition, I further understand and agree that this authorization will remain in effect until it is withdrawn by the undersigned in a written notice.

I thereby agree and specifically grant permission to use image and likeness in the aforementioned Media.

I further hereby waiver, release and forever discharge any and all claims, demands or causes of action and all its members, employees agents, and other persons, organizations or entities contracted by them, for damages or injuries in any way related to, connected to or arising from the publication of the aforementioned media.

Agreed to this _____ day of _____, 20____

First and last Name of Individual (please print)

Date

Signature of Individual