



## Emergency Contact Information and Release Agreement

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency contact person  
& phone number: \_\_\_\_\_

Allergies to food: \_\_\_\_\_

Allergies to medicine: \_\_\_\_\_

I attest that I have been **fully vaccinated for the COVID-19 virus\*** and I am able to present proof of vaccination upon request. Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to wear a **face mask** over my nose and mouth during all ISP group activities and in indoor public spaces and to follow all health-related protocols as set forth by ISP ministry team and retreat center in order to protect myself and others from exposure to the COVID-19 virus. Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any medical conditions (high blood pressure, diabetes, etc.) that staff should know about in case of an emergency?  
\_\_\_\_\_

**\*Fully vaccinated is defined as having received an approved COVID-19 vaccine (Pfizer, Moderna, or Johnson & Johnson) 14 days or more prior to the beginning of the ISP retreat.**

I, the undersigned, request voluntary participation in this Retreat beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ sponsored by the Ignatian Spirituality Project (ISP). I consent to participation in this Retreat and voluntarily and willingly assume responsibility for all risks and dangers associated with my participation on this Retreat. I agree to be responsible financially for any losses resulting from my actions and will indemnify ISP from any loss or damage caused by myself during this Retreat. In consideration of this, I hereby waive all claims and causes of action against ISP, and its directors, employees and volunteers, and hereby hold harmless these individuals from all liability except such loss or damage which was caused by the sole negligence or willful misconduct by the aforementioned.

I agree that pictures or video of me may be taken in connection with my participation on this Retreat without compensation from ISP and consent to the use of these pictures or video for any legal purpose. I am also fully aware that what I voluntarily share during this retreat will be held in confidence, except that which may indicate physical harm to myself or others, or is required by law to report to the appropriate authorities.

I have read this Emergency Contact and Release Agreement and understand the terms used in it and their significance.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_