



PARTICIPANT CONTRACT

Participant Name: (print First and Last) _____

Email: _____ Phone: (_____) - _____ - _____

Parent/Caregiver (print First and Last): _____

Email: _____ Phone: (_____) - _____ - _____

Home Address: _____

School/Parish/Organization: _____ Participant Age: _____

☐ Student or ☐ Chaperone

Class (circle one): Middle School: 6-8 | High School: FR SO JR SR | College: FR SO JR SR

Any food allergies or accessibility accommodations?:

I realize that living and working together in community will require me to display patience and respect toward all members of the group. I realize the importance of following a schedule and the guidance and instruction of the leaders. I am willing to comply with the requests of the leadership and be flexible with what is asked of me.

I realize that I will be visiting areas where the culture and the customs may differ from my own. I will treat all people I meet with respect.

I am aware that the experience at the Darst Center may ask me to make personal sacrifices of which I may or may not be accustomed to (e.g. sharing a room, preparing meals, cleaning, etc). I agree to live this experience in simplicity, doing without some of the conveniences to which I may or may not be accustomed. I will work and complete tasks to the best of my ability.

I am aware that if I am on retreat with a Christian school or group, I may be invited to share in prayer based on the Catholic tradition. I am open to this experience and will actively participate to the degree which I am able.

I agree not to involve myself in any illegal activity while at the Darst Center.

I give consent for the Darst Center to videotape and photograph me during my retreat. I understand these photographs and videotapes may be used for advertising and/or orientation materials for the Darst Center, including the Center's website. I give my permission for possible participation in videotaping and/or still photographs.

I agree to hold harmless the Br. David Darst Center and any/all employees from any and all injury or liability that may occur while on site at the Darst Center or while participating in activities associated with the group's retreat offered by the Darst Center.

I dedicate myself to be an active participant in this experience of service, education, simplicity, and community as an experience of living justice.

Signature: _____ Date: ____/____/____

Parent/Caregiver Signature (if under 18): _____

Date: ____/____/____