

YOUTH CONVERSION EXPERIENCE RETREAT #16
Consent Form for Participants aged 21 years and above**
*** Refers to participants who are 21 years of age as at 13 June 2019*

I, the undersigned, hereby agree to attend YOUTH CONVERSION EXPERIENCE RETREAT #16 (the “Retreat”), a 4-day stay-in retreat organised by Catholic Spirituality Centre (“CSC”) and held at their premises at 1261 Upper Serangoon Road, Singapore 534796 (“the Centre”) from 13 to 16 June 2019. I shall abide by the CSC House Rules for the Retreat, and stay in at CSC at all times during the Retreat.

I hereby give consent to CSC to retain the information provided in all sections of the Registration Form and all sections of this form (**Form C**) and using the information for the activities and operations of CSC including but not limited to future outreach and informing the parish church of my attendance, knowing that CSC will abide by Singapore’s Personal Data Protection Act 2012 (“PDPA”).

I hereby affirm that I have full consent of the person(s) listed as my preferred roommate (if any) and of the emergency contact person to disclose his/her name and contact details to CSC and I will indemnify CSC for any breaches thereof.

I am also aware that I may be photographed during the Retreat and **hereby acknowledge** that these photographs are the property of CSC and no compensation will be given to me if these photographs are used by CSC for promotional purposes.

I hereby declare that: *(please tick where applicable)*

I am fully fit to participate in the Retreat

My doctor has certified me fit to participate in the Retreat

which may be intensive, and which would involve physical activities (eg. games). I am fully aware of the possible risks involved in participating in the Retreat and I willingly accept all possible risks involved, including but not limited to, physical and/or emotional discomfort and reactions. I confirm that I have voluntarily agreed to participate in the Retreat. In consideration of CSC permitting me to participate in the Retreat, and except for death or personal injury resulting from CSC’s gross negligence, I shall not hold CSC, its owners, servants, agents, leaders, staff and/or volunteers responsible or in any way liable for any death, injury, disability, loss, damage or expenses whatsoever, including legal fees, arising in connection with the Retreat and my participation therein.

In the interest of my health and well-being, if I have not been feeling well lately, or have trouble sleeping, or am under treatment or medication for depression and/or other forms of psychological concerns, I will seek the advice of my doctor prior to participating in the Retreat. I will continue to take all forms of medications as prescribed by my doctor during and subsequent to the Retreat, and I will seek confirmation from my doctor prior to stopping any medication.

I agree that if any provision of this Indemnity Form or part thereof is rendered void, illegal or unenforceable by any legislation or law to which it is subject, it shall be rendered void, illegal or unenforceable to that extent and it shall in no way affect or prejudice the enforceability of the remainder of such provision or the other provisions of this Indemnity Form.

**Please delete where applicable.*

Name of Participant (as in NRIC/Passport)

Signature and Date

NRIC/Passport No.

Contact Number