

*Registration Form and Indemnity Agreement  
Cultivating Inner Strength, November 4 - 6, 2011- Marillac Center - Leavenworth KS*

Please send the completed registration form, signed indemnity agreement and check payable to Heartland Community of Mindful Living to M. Croibier-Muscat, 5605 W 58TH ST, APT 214, Mission KS 66202. A deposit of \$100 holds your space. Payment in full must be received no later than Thursday, October 25, 2011.

\*\*\* NO REFUNDS \*\*\*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please check or complete all that apply:*

- Double Occupancy: \$210 (per person)
- Single Occupancy: \$260
- I know/have been told that I snore.

The retreat is priced to cover only our costs. We rely on donations for scholarships. I have enclosed a \$\_\_\_\_\_ donation for the scholarship fund.

- I am applying for a scholarship.
- I would like to car pool to the Marillac Center.
- I could meet someone at KC Intl Airport and drive them to Marillac Center.

If applicable, I am sharing the room with: \_\_\_\_\_

How did you learn about this retreat? \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

*Thank you for telling your friends!*

## **Adult Hold Harmless/Indemnity Agreement**

Marillac Center is understood to include the Sisters of Charity of Leavenworth.

Name \_\_\_\_\_

Date(s) of activity or usage: \_\_\_\_\_ November 4-6, 2011 \_\_\_\_\_

Type of activity or usage: \_\_\_\_\_ Mindfulness Retreat \_\_\_\_\_

The above named activity participant or facility user agrees to defend, protect, indemnify and hold harmless Marillac Center/Sisters of Charity of Leavenworth against and from all claims arising from the negligence or fault of the above named participant or facility user or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named activity or usage at Marillac Center.

Additionally, the above named activity participant or facility user agrees to protect, defend, hold harmless and fully indemnify Marillac Center for any claim or cause of action whatsoever arising out of the above mentioned activity or usage which takes place during the above identified date(s) of activity or usage that is brought against Marillac Center by the above named activity participant or facility user or their family members, even if such claim arises from the alleged negligence of Marillac Center, its employees or agents, or the negligence of any other individual or organization. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Persons under the age of 18 must have this form signed by a parent or legal guardian.

Participant's Signature: \_\_\_\_\_

NAME (Please print): \_\_\_\_\_

Date: \_\_\_\_\_

Hold harmless forms must be filed with Marillac Center prior to the event.