



Dr. Alan A. Chase, President  
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[www.eyeretreat.com](http://www.eyeretreat.com)

## WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF TERMS

I, \_\_\_\_\_, (parent/guardian IF under 18 years of age) and/or  
\_\_\_\_\_ (participant's name) ("the participant") enter into this agreement  
on \_\_/\_\_/2019 for the period of time beginning Sunday, July 7 and ending Saturday,  
July 13, 2019.

In consideration of the attendance and participation of the participant in the  
Envisioning Youth Empowerment Retreat I/we agree to the following terms and  
conditions as set forth herein.

### RISKS

1. There are certain dangers and risks (foreseen and unforeseen) inherent in attending and participating in the Envisioning Youth Empowerment Retreat, including, risks related to use of equipment, facilities, personal safety and travel.
2. These risks include, but are not limited to, slips and falls, vehicle and pedestrian accidents, concussions, extreme weather, and/or theft.
3. The activities of the 2019 EYE Retreat include travel on public transportation, sporting events, classroom lectures, and sleeping overnight in dormitories.

### PARTICIPANT RESPONSIBILITIES

The Undersigned and the participant agree to the following:

#### **Expectations**

1. At a minimum, attempt to fully participate in all activities.
2. Show respect to EYE Retreat staff, participants and presenters.
3. Notify staff of any concerns, problems, or needs.
4. **For safety and legal reasons** we are required to keep certain kinds of medications secured throughout the Envisioning Youth Empowerment (EYE) Retreat. This includes any controlled medications like psychotropic medications, most ADD/ADHD medications, and narcotics. Please make sure that **all** medications you bring are in the bottle they came in from the pharmacy with **your name** on the bottle.
5. Be honest and truthful at all times.
6. Follow directions of EYE Retreat staff, presenters, and all other adults.



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7. Be conscious of your own safety and that of your peers.
8. Remain in the presence of staff when away from campus.
9. Dress appropriately for program activities. Dress or clothing that attracts undue or negative attention is not acceptable. Shoes are required in all areas.
10. Adhere to the assigned schedule of events in a timely manner.
11. Be accountable for the decisions you make regarding your own actions and behaviors.

**Note: The President and/or Board of Directors of the Envisioning Youth Empowerment (EYE) Retreat have the authority to dismiss any participant who violates these expectations, as well as any other generally-accepted rules of conduct (not necessarily covered in the expectations) which, in the President's professional judgment, are essential to the educational goals of the program.**

### **UNACCEPTABLE ACTIVITIES**

1. Theft or verbal/physical assault on others.
2. Tampering with fire alarms, extinguishers, or hoses.
3. Possession, sale, or use of alcohol, tobacco products, or drugs.
4. Possession of weapons of any kind, including all guns, all knives, all explosives, and/or any other implement that could be used as a weapon.
5. Violation of any local, state or federal laws.
6. Failure to sleep in assigned dorm room.
7. Possession of matches, lighters, or any other flammable device.

**Note: The President and/or Board of Directors of the Envisioning Youth Empowerment (EYE) Retreat is not responsible for any lost, stolen, or misused property. All property brought on campus is done so at the participant's own risk. Parents/guardians are responsible for any damages to school property by their minor children. Participants that are 18 years of age or older are responsible for any costs associated with theft or damages to school property.**

### **WAIVER OF LIABILITY**

1. In consideration of the attendance and participation in the Envisioning Youth Empowerment Retreat and risks (foreseen and unforeseen) of attending and participating in the Retreat, the Undersigned understand(s) and agree(s) to



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release Envisioning Youth Empowerment Retreat, it's Board of Directors, it's officers, and assigns as well as waive any claim for injury resulting from the participant's attendance and participation in the EYE Retreat.

### NOTICE AND CONSENT OF SEARCH AND SEIZURE

1. I/We consent to reasonable searches and seizures that relate to possible violations of policies and procedures outlined above. In the event I/We refuse to comply, I understand the appropriate law enforcement agency will be contacted. I further understand that if there is a perceived or actual immediate threat to safety, EYE Retreat staff will take immediate action to ensure safety while awaiting the response of law enforcement or other appropriate authorities.

### MEDICAL ACKNOWLEDGEMENT

1. The above named participant has my permission to participate in the Envisioning Youth Empowerment Retreat. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant. Any expenses arising from injury or illness is the responsibility of the person signing below.
2. I understand the EYE Retreat does not provide any onsite medical care.

### ACKNOWLEDGEMENT

The Undersigned acknowledges that they have read and understand this document and the provisions (3 pages).

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

(if participant is under 18)

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_