

Summer 2011 Gregorian Chant Retreat

REGISTRATION FORM

Saturday, July 16th to Monday, July 18th at St. Andrew's House Retreat Center, Union, WA

After you have read the event flier please complete ALL information requested, including the Liability Waiver. Mail your registration form with a check made out to the "Center for Sacred Art" for \$270 to: **Center for Sacred Art, 12025 Palatine Avenue N., Seattle, WA 98133**

After we receive your completed registration form we will confirm your registration via e-mail or phone. Retreat details (driving directions, final schedule, room assignment, etc.) will be mailed in early July.

Note: Registration fees are refundable if there is a waiting-list person willing to take your place.

If you have questions about the retreat or your registration please call the Center for Sacred Art at 206-781-8544 or see our website at www.centerforsacredart.org

Name _____

Address _____
street city state zip code

Evening Phone _____ Daytime Phone _____

E-mail Address _____

Emergency contact name and phone number _____

Roommate Request(s) _____ I can use a top bunk: yes____ no____
We will do our best to meet your requests.

Special Dietary Needs, Allergies, and Intolerances

no red meat no chicken no fish no lactose no gluten other_____

If this is your first time at the retreat, how did you hear about it? _____

Liability Waiver

VOLUNTARY PARTICIPATION

I acknowledge that I have voluntarily enrolled in the Gregorian Chant Retreat to be held at St. Andrew's Retreat and Conference Center from July 16, 2011 to July 18, 2011 referred to below as "this event."

RELEASE

I hereby waive and discharge the Center for Sacred Art, Joseph Anderson, Victoria Scarlett, and St. Andrew's Retreat and Conference Center from all liability as a result of my participation in this event. I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against the Center for Sacred Art, its affiliates, and its agents or contractors for injury or damage resulting from acts, howsoever caused, by any principal, agent, or contractor of the Center for Sacred Art, as a result of my participation in this event. I hereby release the Center for Sacred Art, Joseph Anderson, Victoria Scarlett, and St. Andrew's Retreat and Conference Center from all actions, claims, or demands that I, my assigns, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this event.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Center for Sacred Art, Joseph Anderson, Victoria Scarlett, and St. Andrew's Retreat and Conference Center and sign it of my own free will.

Signed _____ Date _____

Printed Name _____