



Volunteer Name: _____

CONSENTS

1. It is my understanding that it is the goal of the Retreat to help facilitate the bereavement process for the child and to provide support in expressing feelings of grief.
2. I give my permission to be photographed and or videotaped during the Retreat. I understand that the photographs or videotapes will remain the property of the Healing Kids' Hearts Retreat through the Center for Life Experiences and may be used for the publicity of the Retreat, including but not limited to future Retreat brochures.
3. If the emergency contact cannot be reached in the event of an emergency, I hereby give consent for the staff of the Retreat to access treatment through EMS or the Hays Medical Center Emergency Room physician.
4. I understand that the information that has been provided about any of the children will be shared on a "need to know basis" by the Retreat's staff and that the information must be kept in the strictest confidence.
5. I expressly assume any and all risks of injury or death arising from or relating to the activities at the Retreat and waive and release any and all actions, claims, suits, or demands of any kind or nature whatsoever against the Healing Kids' Hearts Retreat, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to participation in these activities. I understand that this Waiver, Release, and Indemnification agreement means, among other things, that if I am injured or die as a result of participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by injuries or death.
6. I agree to indemnify Releasees or any of them, their subrogees, if any, in the event of any loss, damage, or claim arising from or relating in any way to participation in any Healing Kids' Hearts Retreat activities.

I have read, understand, and acknowledge the above application.

Signature of Volunteer

Printed Name

Date

Please Return This Application By **March 12th**

To:

Center for Life Experiences
Attn: Ann Leiker
2900 Hall Street
Hays, KS 67601

OR

Ann Leiker
ccfpc@ruraltel.net

For more information/details or questions about being a "retreat buddy" or volunteer, you may contact Ann Leiker at: 785-259-6859 or Myrna Jordan at: 785-623-6200