PROVIDENCE COLLEGE
2016 TRANSFORMATIONS LEADERSHIP RETREAT
REGISTRATION FORM

Registration is limited and will be accepted on a first-come, first-served basis.

NAME: ____________________________________________________________

CLASS YEAR (circle one): 2019   2020

BANNER ID: ___________________________________ T-SHIRT SIZE: ________________

HOMETOWN/STATE: ___________________________________________________

CELL #: ___________________________ HOME PHONE #: __________________________

PC EMAIL: ______________________@friars.providence.edu

EMERGENCY CONTACT NAME: ____________________________________________

EMERGENCY CONTACT #: ______________________________________________

ALLERGIES AND/OR DIETARY RESTRICTIONS: ________________________________

_____________________________________________________________________

WHAT ARE YOU HOPING TO GET OUT OF ATTENDING TRANSFORMATIONS?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

If you are a person with a disability and require an assistive device, service, or other accommodation to participate in this event, please contact 401.865.1085 at least two weeks prior.

Please mail completed forms, and your $50 deposit check* (made out to Providence College) to:
Leslie Heller
Providence College
Center for Orientation, Transitions & Leadership
106 Slavin Center
Providence, RI 02918

*Deposits will be refunded to students upon successful completion of the retreat.
VOLUNTARY RELEASE
Assumption of Risk and Indemnity Agreement

Description of Activity: Transformations Leadership Retreat
Date: Saturday, September 17, 2016

The undersigned person requests and is granted permission to participate in the Transformations Leadership Retreat sponsored by the Providence College Lifelong Leadership Program as described above. The undersigned acknowledges that my participation is entirely voluntary. I also acknowledge that there are hazards and risks incident to participation and understand that Providence College assumes no responsibility of any nature whatsoever for actions of participant or any other person or entity involved with the retreat.

In consideration of my participation I, the undersigned, on behalf of my self, my heirs, executors, administrators, personal representatives, successors, assigns, by these presents remise, release, forever discharge, and indemnify and hold harmless, Providence College, its trustees, administration, faculty, employees, staff, students, agents, successors, and assigns (hereinafter referred to collectively as “Providence College”), from and against any and all manner of action or actions, cause or causes of action, suits, debts, sums, of money and all other claims and demands whatsoever in law or equity which I now have, ever had, or in the future may have, for or by the reason or means of any matter or things from the beginning of the world to the date of these presents, against Providence College, arising out of or in any way associated with, either directly or indirectly, my participation in the retreat described above, or for contribution or indemnification with respect to any claim made against me by any participation in the event of any other person or entity in connection therewith.

This Release and Indemnification has been executed on behalf of myself, my heirs, executors, administrators, personal representatives, successors, and assigns and is binding upon myself and them either because I am Eighteen (18) years of age or older, or because my parent or legal guardian had consented as hereinafter provided. In addition I warrant that I have appropriate health insurance to cover any injury in the event said injury occurs when participating in the Transformations Retreat.

This instrument has been executed in and shall be interpreted according to the laws of the State of Rhode Island.

IN WITNESS WHEREOF, I have HEREUNTO SET MY HAND THIS ______ DAY of ____________, 2016.

__________________________
Participant

__________________________
Witness

__________________________
Parent/Guardian if Student is Under 18 Years of Age