

REGISTRATION
PILGRIMAGE OF HOPE FOR CREATION
Monastery Immaculate Conception to Saint Meinrad Archabbey
SEPTEMBER 5, 2026



Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Birthdate: _____

Email: _____

Check one: Walker Rider in Tractor/Wagon Carpooler

In case of Emergency Contact: Name: _____ Phone: _____

Are you 18 years or older? YES NO (if No, then parental consent MUST be provided)

*If you are under the age of 14, a parent MUST also volunteer with the minor. Fill out separate form.

PARENTAL CONSENT To be signed by Parent(s) and/or Guardian:

My Daughter/Son has my (our) consent to participate volunteer with the Sisters of St Benedict of Ferdinand, IN. By signing this form I acknowledge that the volunteer activities have potential risks and assume responsibility for minors. I have read and agreed to the liability agreement below.

Parental/Guardian Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is executed this _____ day of _____, by _____ in favor of the Sisters of St. Benedict of Ferdinand, Ind, Inc. (Sisters) and Saint Meinrad Archabbey (Saint Meinrad) and their directors, officers, employees and agents.

Waiver and Release. I hereby release and forever discharge and hold harmless the Sisters and Saint Meinrad and its successors and assigns from any and all liability, claims, demands and causes of action, of whatever kind of nature, either in law or equity which may hereafter arise from my participation with this pilgrimage and/or any project, activity or event sponsored by the Sisters and Saint Meinrad.

Assumption of Risk. I understand that my participation with this pilgrimage and/or any project, activity or events sponsored by the Sisters and St. Meinrad may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release the Sisters and Saint Meinrad from all liability for injury, illness, death and/or property damage that may result. By signing below, I acknowledge that I have read and understand this Release and agree to its provisions.

Signature: _____ Date: _____

Witness: _____