



WHISPERING WINDS WAIVER & GENERAL RELEASE
--YOUTH GROUP LEADERS--

Whispering Winds Catholic Conference Center, Inc. ("WW") is a non-profit corporation that owns and operates the Whispering Winds Camp, 17606 Harrison Park Road, Julian, California 92036. We ask all youth group leaders ("I") to sign this Waiver & General Release ("Agreement"). By signing this Agreement, you are acknowledging that you have collected the below information, approvals, information, etc. related to your group's stay at WW. As the designated group leader, you are acting as temporary guardian of the minors in your rental group and are acting on their behalf by waiving and generally releasing all present and future claims against WW, except for claims arising out of the gross negligence or intentional misconduct of WW.

Checklist (Please initial each item):

____ I have been designated as Group Leader by my organization and therefore temporary guardian of minors onsite during our stay at WW.

____ I have obtained written permission from the parents/guardians of each minor that will be onsite during our stay at WW to attend this retreat/event.

____ I have submitted a request via my parish or other organization for Comprehensive General Liability Insurance with a combined single limit for personal injury and property damage of not less than \$1,000,000 per occurrence, providing coverage for its use and occupancy of Whispering Winds, its operations and its products or completed operations. This policy shall contain an endorsement pursuant to contract terms.

____ I understand that I must submit a Roster upon arrival at WW that contains the following:

- a. The First and Last Names of every guest onsite
- b. Emergency Contact Info for each guest (Name, Phone, email)
- c. Each guest's street & email addresses

____ I understand that each adult must sign their own individual waiver

____ I grant WW permission to use group members' names, likenesses, photographs, and voices for all purposes, and without compensation.

____ I attest that I have pre-screened all minors attending this retreat for COVID-19 symptoms using questions provided by the CDC and/or local authorities

Group Leader (18 years or older)

Print Name: _____ **Parish or Organization:** _____

Signature: _____ **Date:** _____

Address: _____ **Tel:** _____

Email addresses: _____

