



2010 METROPOLIS OF SAN FRANCISCO YOUNG ADULT TAHOE RETREAT REGISTRATION FORM

Participant Information:

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE: _____ E-MAIL: _____

CELL PHONE: _____ SHIRT SIZE (Circle one): S M L XL

DATE OF BIRTH: ____/____/____

PARISH/PRIEST: _____

DIETARY RESTRICTIONS: _____

OCCUPATION: _____

WILL YOU BE DRIVING UP TO TAHOE? _____ If so, would you have room to bring one or more participants? _____ How many? _____

Some may carpool from Granlibakken to the ski slopes, which are about 10-15 minute drives. If you are driving, would you be willing to use your car for carpooling? _____

PEOPLE COMING WITH YOU: _____

REQUEST FOR ROOMMATES: _____

*Please include a copy (front/back) of your health insurance card.

REGISTRATION FEE: \$225

**YOU MUST RSVP WITH DEACON NIKO BEKRIS BY JANUARY 12TH VIA EMAIL OR PHONE
TO CONFIRM YOUR SPACE!! LAST DAY TO REGISTER: FEB. 1 2010:**

sfyouth@sanfran.goarch.org or (415) 814-1186

(PLEASE FILL OUT SECOND PAGE)

PLEASE MAKE CHECKS PAYABLE TO "METROPOLIS YOUTH FUND"

Please send Registration and Payment to:

Attn: Deacon Niko Bekris
Greek Orthodox Metropolis of San Francisco
245 Valencia Street
San Francisco, CA 94103

Health Information:

MEDICAL INSURANCE: _____ POLICY NO. _____

PRIMIARY CARE PHYSICIAN _____ PHONE: _____

Do you have any allergies? (Circle One) YES NO

List any food allergies: _____

List any environmental allergies: _____

List any medication allergies: _____

List any medications you're currently prescribed: _____

(Please use another sheet to explain any and all conditions, illnesses, or special needs you may have.)

Emergency Information:

EMERGENCY CONTACT #1: _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT #2: _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

If you have any questions, please contact Niko Bekris:

(415) 814-1186 (office)
(415) 753-1165 (fax)
sfyouth@sanfran.goarch.org

Townhouse Details

- All townhouses have fully furnished bedrooms, lounges and kitchens.
- All cabins have free wi-fi internet
- To see townhouses, go to: http://www.granlibakken.com/lodging/lodging_index.php

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RELEASE WAIVER

METROPOLIS OF SAN FRANCISCO * 245 VALENCIA STREET, SAN FRANCISCO, CA

FEBRUARY 12-15, 2010 * METROPOLIS YOUNG ADULT SKI RETREAT

IT IS THE INTENTION OF (*PARTICIPANT*)

_____ - BY THIS AGREEMENT TO
EXEMPT AND RELIEVE the Greek Orthodox Metropolis of San Francisco (the Metropolis), and the
Greek Orthodox Archdiocese of America (the Archdiocese) AND ITS OFFICERS, AGENTS, SERVANTS,
OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR

WRONGFUL DEATH OF (*PARTICIPANT*) _____

CAUSED BY ANY ACT OF NEGLIGENCE OF the Metropolis AND ITS OFFICERS, AGENTS,
SERVANTS, OR EMPLOYEES. For and in consideration of permitting him or her to observe, or use any
facility or equipment of the Metropolis to engage in and/or receive instruction in any activity or activity
incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at:
Granlibakken Conference Center & Lodge in the city of Tahoe City, in the county of Placer, in the State
of California, at Homewood Ski Resort in the city of Homewood, in the county of Placer, in the State of
California, and the Greek Orthodox Metropolis of San Francisco in the city and county of San Francisco, in the
State of California, on the days of February 12-15, 2010, the participant named above hereby voluntarily and
absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes
of action for personal injury, property damage, or wrongful death occurring to participant named above
as a result of his or her observing or using facilities or equipment of the Metropolis or engaging in or
receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF
BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for
whatever period said activities or instructions may continue.

The participant named above for him/herself, his/her heirs, executors, administrators, or assigns agrees that in
the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the
Metropolis and the Archdiocese or its officers, agents, servants, or employees, the undersigned parent or
guardian will indemnify and hold harmless the Metropolis, and the Archdiocese and its officers, agents,
servants, or employees from any and all claims or causes of action by the participant named above or by any
other person or entity, by whomever or wherever made or presented, and under no circumstances will the
participant named above present any claim against the Metropolis and the Archdiocese and said persons
for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by
the Metropolis and the Archdiocese and said persons.

The participant has read this Release, has requested and has been provided with, or has requested and
declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction
offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the
terms and the legal consequences of the signing of this Release. The participant intends his or her signature to
be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion
of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and
effect.

SIGNATURE OF PARTICIPANT:

DATED:
