

*Louix Dor Dempriey Foundation*  
New Year's Eve Retreat (28 December 2016 – 2 January 2017)

**Liability Waiver Form**

As a condition of participation in this Retreat, you are required to complete and return  
(to the address at the bottom of the page) this **Liability Waiver Form**.

I, \_\_\_\_\_ ("Participant"), in consideration of execution of this waiver, and as a participant in a New Year's Eve Retreat held at Rancho Bernardo Inn, located at 17550 Bernardo Oaks Drive, San Diego, CA, U.S.A. 92128 from 28 December 2016 to 2 January 2017 ("Retreat"), hereby acknowledge and agree as follows:

1. The Louix Dor Dempriey Foundation, and all its agents and assigns (Coordinator), assumes no liability, financial or otherwise, if I am refused entry to the United States for any reason;
2. It is my sole responsibility to ensure that all travel documents are valid and effective;
3. The Coordinator assumes no responsibility for any liability whatsoever for injury, damage, death, accident, loss, or delay to my person or property due to an act of negligence of, or default of, any hotel, carrier, restaurant, company, airline, or person rendering any of the services included in this Retreat, or as a result of any force of Nature, act of war, or terrorism;
4. The Coordinator assumes no legal or financial responsibility for any damage, changes, or delays due to sickness, pilferage, disputes, machinery breakdowns, government restraints, weather, or other causes beyond their control;
5. The Coordinator assumes no responsibility for any additional expenses, omissions and schedule changes, forced stopovers, re-routings, or acts of any government authority;
6. The Coordinator has made no insurance provisions for the Retreat and has deferred the obtaining of travel insurance and medical insurance for the Retreat to my own discretion. I accept full responsibility for the purchase of such insurance;
7. It is my sole responsibility to remain with the group for the duration of the Retreat, and I accept full responsibility for any costs, expenses, damages, or injuries (including, but not limited to, taxi fares, flight costs, hotel expenses, and meal expenses) incurred as a result of becoming separated from the group for any reason whatsoever;
8. I assume full responsibility for, and do hereby release (and covenant not to sue) the Coordinator and all Coordinator's agents and assigns, from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses, from any cause whatsoever (including, but not limited to, travel delays, property damage and loss, bodily injuries, sickness, disease, and death), directly or indirectly arising in connection with my participation in this Retreat, whether or not foreseeable or contributed to by negligent acts or omissions of the Coordinator or Coordinator's agents and assigns.

By signing my name below, I acknowledge that: this release is legally binding, that I am eighteen years of age or older,\* that I have read this release in full, and am fully familiar and in agreement with its contents.

Signed by: **[Please complete this section]**

\_\_\_\_\_ [Print Full Legal Name of Participant]

\_\_\_\_\_ [Signature of Participant]

\_\_\_\_\_ [Date]

**\* Please complete below if participant is a minor (under the age of 18):** I am the Parent or Guardian of the minor named above and have the legal authority to execute this release on behalf of the above mentioned minor.

\_\_\_\_\_ [Print Full Legal Name of Parent/Guardian]

\_\_\_\_\_ [Signature of Parent/Guardian]

Witnessed by: **[Please have someone other than the Participant complete this section]**

\_\_\_\_\_ [Print Full Legal Name of Witness]

\_\_\_\_\_ [Signature of Witness]

\_\_\_\_\_ [Date]

*Please return completed form to:*

Louix Dor Dempriey Foundation • 25602 Alicia Pkwy., # 407, Laguna Hills, CA 92653 • Fax: +1 (949) 269-0113 • e-mail: [samantha@Louix.org](mailto:samantha@Louix.org)