



¡Venga y participe en un Retiro para Señoras y Mamás en el Centro de Schoenstatt en Lamar!

¡Un retiro en el centro de Schoenstatt le da la oportunidad

De rezar y reflexionar (en privado y en comunidad)

De participar en la Santa Misa

De recibir el sacramento de la Confesión

De descansar y relajarse

De disfrutar de la belleza de la Bahía Aransas

y ante todo de experimentar el Santuario de Schoenstatt como un lugar de gracias!

Fecha límite para registrarse es el lunes antes del retiro. Si los cuartos se llenan antes, el registro se cerrará. Favor de registrarse con tiempo. Debido al Covid-19 el espacio es limitado.

Cuota de pre-inscripción es de \$ 10.- por persona. No reembolsable. Favor de escribir cheques/giro postal a nombre de Schoenstatt Sisters of Mary

Dirección: Centro de Schoenstatt
Att'n: Liga de Señoras de Schoenstatt
134 Front Street
Rockport, TX 78382-7800
Tel. (361) 729-2771
E-mail: schmotherstx@gmail.com

Registro: Viernes en la noche de las 7:00 - 7:30 pm en la entrada de House Schoenstatt. (134 Front Street)

El retiro termina: Domingo 2:30 pm

Favor de traer: Algo para escribir, sábanas, toallas, artículos personales, artículos necesarios para protegerse como cubrebocas, desinfectante para manos, etc... Dada la situación con el virus también le pedimos amablemente traer almohada y cobijas si necesita. La casa no tendrá almohadas, cobijas o colchas disponibles debido a la falta de personal para lavar cada artículo después de cada uso. ¡Gracias!

Costo total (incluyendo cuota de pre-inscripción): \$ 115.-

Por seguridad debido al COVID-19 sólo tendremos cuartos individuales disponibles. A menos de que vengan de la misma familia. Por favor indíquenos si quieren quedarse juntas.

Mensaje Importante:

Usted tiene la oportunidad de estar en nuestro lugar de gracias. Estamos conscientes de que el riesgo del COVID-19 todavía existe. Por ello estamos tomando las medidas necesarias por la seguridad de todas las participantes. Por eso le pedimos que si tiene salud delicada no participe en el retiro.

También le pedimos se quede en casa:

Si tiene COVID-19, esta convaleciente de él o ha sido expuesta a alguien infectado con el virus aún si no presenta síntomas.

Si ha viajado o tiene planeado viajar fuera del país durante las dos semanas antes del retiro.

Si tiene síntomas como tos, fiebre o escalofríos, dolor de garganta, falta de oxígeno o dificultad para respirar, fatiga, dolores musculares o del cuerpo, dolor de cabeza, pérdida reciente del gusto o de la habilidad para percibir olores.

Durante el retiro sugerimos seguir usando cubrebocas y manteniendo una sana distancia por el bien de otros. ¡Gracias por su comprensión!

FORMA DE INSCRIPCIÓN PARA SEÑORAS Y MAMÁS PARA PARTICIPAR EN EL RETIRO EN LAMAR

Fecha del retiro en el cuál quiere participar: _____

Nombre: _____

Dirección: _____

Ciudad/Estado: _____ Código Postal: _____ Teléfono: _____

Correo electrónico: _____

Me hago responsable de mi misma por cualquier enfermedad o accidente durante el retiro

Persona de contacto en caso de emergencia: _____ Teléfono: _____

Fecha: _____ Firma: _____

Cuota de pre-inscripción: \$ 10.- ¡Muchas gracias!

Si hay algo que no pueda comer por causa de salud, favor de escribirlo. ¡Gracias!

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as "I" or "me") desires to participate in one or more meetings (the "Activity") sponsored by the SECULAR INSTITUTE OF THE SCHOENSTATT SISTERS OF MARY, INC. (the "Schoenstatt Sisters") at the Schoenstatt Center, 134 Front Street, Rockport, Texas (the "Premises"). As lawful consideration for being permitted by the Schoenstatt Sisters on the Premises to engage in the Activity, I agree to all the terms and conditions set forth in this agreement (this "Agreement").

I am aware that there are various types of communicable diseases, including without limitation, COVID-19 (collectively, the "Diseases") and that I may be exposed to one or more Diseases by engaging in the Activity. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, or property damage. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including the Schoenstatt Sisters. I understand that while the Schoenstatt Sisters have implemented preventative measures to reduce the spread of applicable Diseases, the Schoenstatt Sisters cannot guarantee that I will not become infected with a Disease while on the Premises and that being on the Premises may increase my risk of contracting a Disease. **NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, I ACKNOWLEDGE THAT I AM VOLUNTARILY ENTERING THE PREMISES TO ENGAGE IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, DEATH, OR PROPERTY DAMAGE, ARISING FROM MY BEING ON THE PREMISES OR ENGAGING IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE SCHOENSTATT SISTERS OR OTHERWISE.**

I hereby expressly waive and release any and all claims, now known or hereafter known, against the Schoenstatt Sisters, and its officers, directors, employees, agents, affiliates, shareholders, successors, and assigns (collectively, "Releasees"), on account of injury, illness, disability, death, or property damage arising out of or attributable to my being on the Premises or engaging in the Activity, whether arising out of the negligence of the Schoenstatt Sisters or any Releasees or otherwise. I covenant not to make or bring any such claim against the Schoenstatt Sisters or any other Releasee, and forever release and discharge the Schoenstatt Sisters and all other Releasees from liability under such claims; provided, however, that I am not waiving claims to the extent arising out of the recklessness or willful misconduct of any Releasee.

I am aware that there are, or may from time to time be, federal, state, and local laws, orders, directives, and guidelines related to one or more Diseases. I will comply with all such orders, directives, and guidelines while on the Premises. I will also follow all instructions of the Schoenstatt Sisters while on the Premises. I agree not to enter the Premises if I am experiencing symptoms of a Disease, have a confirmed or suspected case of a Disease, or have come in contact in the last 14 days with a person who has been confirmed or suspected of having a Disease.

This Agreement constitutes the sole and entire agreement of the Schoenstatt Sisters and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure

to the benefit of the Schoenstatt Sisters and me and our respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Texas without giving effect to any choice or conflict of law provision or rule (whether of the State of Texas or any other jurisdiction).

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SCHOENSTATT SISTERS.

(Signature)

(Print Name)

(Date)