



Come and join us for a Women's Retreat at the Schoenstatt Center in Lamar!

This retreat is for women who are mothers, grandmothers, those who are or have been married, also for widows. Give yourself this opportunity. Don't miss it!

A retreat at the Schoenstatt Center gives you the opportunity

To pray and reflect (private and communal)

To participate in the Holy Eucharist

To receive the Sacrament of Reconciliation

To rest and relax

To enjoy the beauty of Aransas Bay and most of all to experience the Schoenstatt Shrine as a place of grace!

Deadline for applications will be Saturday, February 18, 2023. If rooms are booked before, the registration will be closed. Please register with time. The space is limited.

Pre-registration fee is \$ 10.- per person. Non refundable. Please make checks payable to Schoenstatt Sisters of Mary

Address: Schoenstatt Center
Att'n: Schoenstatt Mothers' League
134 Front Street
Rockport, TX 78382-7800
Tel. (361) 729-2771
E-mail: schmotherstx@gmail.com

Registration: Friday Night from 7:00 - 7:30 pm at the entrance of House Schoenstatt. (134 Front Street) It is suggested to arrive a little earlier to settle in.

Workshop closes: Sunday 2:30 pm

Please bring along: A Bible, something to write, linen, towels, personal items, etc. Thanks!

Total fee (including pre-registration fee):

\$ 115.- per person in a double room setting,

\$130.- per person in a single room setting.

Please let us know if you want to room together with someone.

Important Message:

You have the opportunity to be at our place of graces. We are aware that the risk of COVID-19 is still there. Because of this we are taking the necessary precautions for the safety of all the participants.

Please stay home if any of the following applies to you:

If you have COVID-19, are convalescent of it or have been exposed to someone infected with it even if you don't present any symptoms.

If you have symptoms possibly related to COVID 19 contagion, like cough, fever or chills, sore throat, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of smell or taste.

Thank you for your understanding!

REGISTRATION FORM FOR WOMEN TO PARTICIPATE AT THE RETREAT AT LAMAR

Date of the workshop: February 24 - 26, 2023

Name: _____

Address: _____

City/State: _____ Zip Code: _____ Phone: _____

E-mail: _____

Please mark one, do you want a single or double room

I assume all responsibility for myself for any illness or accident while attending the workshop or retreat

Emergency Contact Person: _____ Phone: _____

Date: _____ Signature: _____

Pre-registration fee: \$ 10.- Thank you very much!

If you are in need of a special diet due to health reasons, please write down what you need. Thanks!

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. **NOT-WITHSTANDING 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)