

TEC Adult Observer Application

(Please Print)

Name: _____ Gender: ___ M ___ F

Phone (Home/Cell): _____ Work: _____ E-Mail: _____

Address: _____ City: _____

State: _____ Zip: _____ Parish: _____ Birthdate: _____

Place of Employment and Position (if applicable): _____

List any involvement you have with parish/community programs: _____

How did you hear about TEC? _____

Why are you interested in making a TEC weekend? _____

List the names of others (teens/adults) who are applying to be on the same TEC weekend:

In case of emergency, please contact: _____

Name & Telephone Number

Relationship

Any special health conditions: _____

I wish to participate in the TEC weekend and plan to stay the entire weekend at the University of Central Missouri. I agree to hereby release, indemnify and save harmless the University of Central Missouri and Newman Center, the Diocese of Kansas City-St. Joseph, the Heartland TEC Board, National TEC, and any persons connected with the University or TEC weekend from any and all liability, claims, damages for personal injury, or property loss/damage which may arise as a result of this retreat. I agree not to sue any of the above parties, their representatives, agents, employees, or volunteers.

Media release: I do ____, I do not ____ give permission for the use of my picture, (individual or group), or written words to be included on the TEC Web site (local or national) for the purpose of displaying pictures/comments in brochures in both print and electronic format for advertising about TEC .

Signature

Date