

Come spend a  
**Saturday with the Sisters!**



**8:00 am-12:45 pm,**  
**Saturday, Aug. 27<sup>th</sup>,**  
**St. Dominic Convent**  
**(2575 E. Livingston)**

***FREE***

*(Donations are accepted  
towards the cost of food)*

**RSVP** to [saturdayswithsisters@gmail.com](mailto:saturdayswithsisters@gmail.com)  
by Friday, Aug. 26th

A morning of  
*Friendship*

with other young women  
ages 18-30

**Morning Prayer & Mass**

**Breakfast & lunch**

**Adoration & Rosary**

**Fun & socializing**

**A conference by**

**Fr. Thomas Blau, O.P.**

**A chance to spend time  
with the**

**Dominican Sisters!**



# DOMINICAN SISTERS

## DOMINICAN SISTERS

Name of Activity: Saturdays with Sisters

Initial Date of Activity: Saturday, August 27, 2022

Location: St. Dominic Convent – 2575 E Livingston Ave., Columbus, OH 43209

### REGISTRATION INFORMATION

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Email/Phone Number for Future Events \_\_\_\_\_

University or Parish \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Chronic Conditions / Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

### RELEASE AND INDEMNIFICATION AGREEMENT

As the above-named participant, I hereby register for and commit to attend the event listed on the signature form. I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below. B. I give permission for the Dominican Sisters to use photos of me at this and future events for their website, social media and other publications. C. The undersigned releases from all liability, and indemnify and hold harmless the Dominican Sisters, the Diocese of Columbus, and any diocesan employee or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

### CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Modesty in speech and dress is expected of all. Foul language is not tolerated.
4. Participants must heed any and all directions of activity staff.
5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved.
6. Failure to abide by this Code of Behavior may result in a request to leave the premises.

I have read, understand, and agree to all contained in the Dominican Sister's Event Registration Release and Indemnification and Code of Behavior, including permission to publish photos of me from this and future events.

My personal, medical, and insurance information is current and on file with the Dominican Sisters.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_