



The Roman Catholic
Diocese of St. Petersburg and



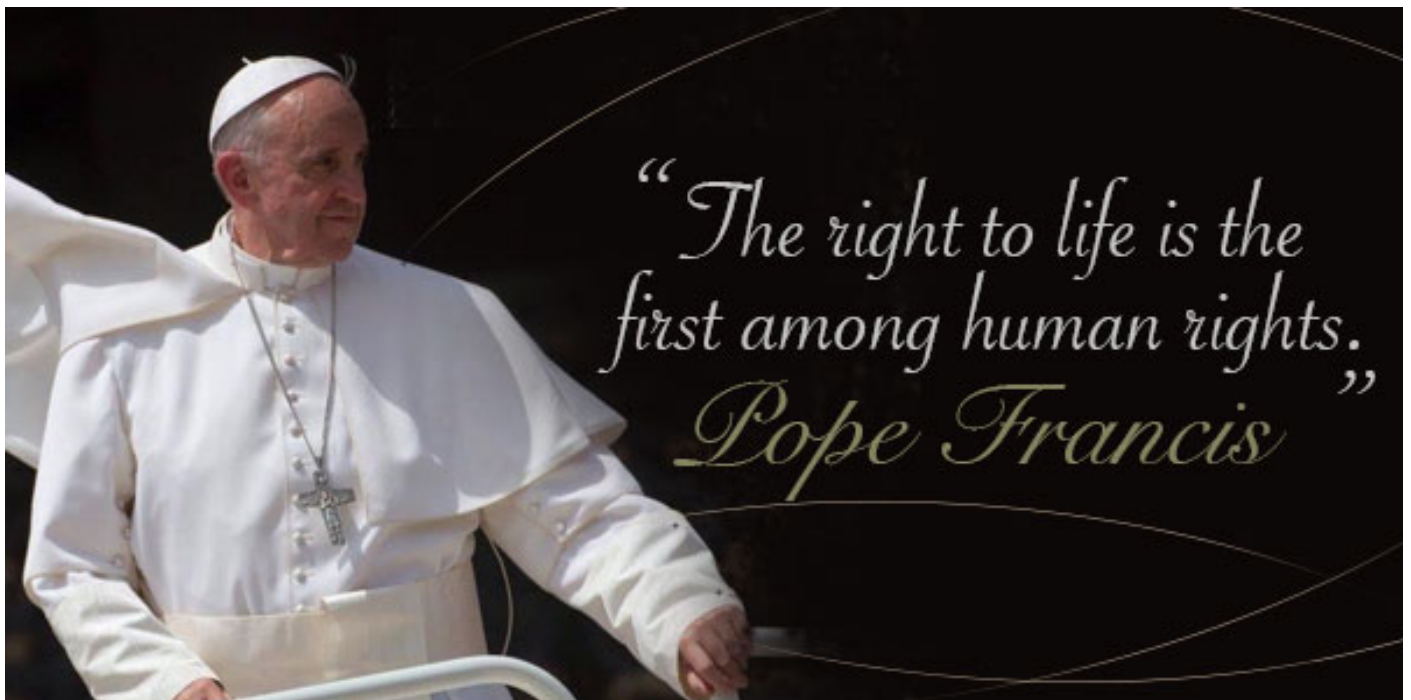
St. Mark the Evangelist
Catholic Church

invite you to join us for an Overnight Retreat and the

MARCH FOR LIFE ST. AUGUSTINE

I HAVE CALLED YOU BY NAME

\$40 includes overnight lock in at St. Mark the Evangelist,
pizza dinner, continental breakfast,
and bus transportation to and from St. Augustine.



Schedule and Packing Information

What to Bring:

- **Appropriate** clothing—We follow the Hillsborough County school dress code
 - Friday evening: casual, but make sure it's appropriate for Eucharistic Adoration
 - Friday night: comfortable, appropriate sleep attire
 - Saturday morning: clothes that are comfortable but appropriate for both Mass and walking around St. Augustine. Please make note of weather forecast and be prepared!
- Sleeping bag or bed sheets, pillow, and a blanket (for twin size air mattress)
- Personal items (i.e. toothbrush, toothpaste, deodorant, contact solution, etc.)
- Any medications that you will need—Give these to a chaperone upon arrival
- Your Bible, rosary beads, and personal prayer journal
- Spending money for rest stops, lunch, and activities/shopping in St. Augustine
- A cell phone (to contact parents when on the way home)
 - All electronics will be collected Friday evening and returned to your teen after Mass on Saturday morning

What **NOT** to Bring:

- Skates, scooters, skateboards, bicycles, or any similar items
- Books of a non-religious nature
- Any valuable jewelry
- Any school work

The Plan:

- | | |
|----------|--|
| 7:00 PM | Drop Off
Bring your teen to the Lobby of the Venetian Event Center at St. Mark.
Check In |
| 7:15 PM | Welcome, Opening Prayer, and Pizza |
| 8:15 PM | Ice Breaker, Pro-Life Teaching |
| 9:00 PM | Exposition of the Blessed Sacrament |
| 9:45 PM | Night Prayer and Benediction |
| 10:00 PM | Parish/Small Group Time |
| 10:30 PM | Prepare for Bed |
| 11:00 PM | Lights Out |
| 4:30 AM | Wake Up Call |
| 5:00 AM | Depart for St. Augustine |
| 8:45 AM | Arrive in St. Augustine |
| 9:00 AM | Mass at Our Lady of La Leche Church, Mission Nombre de Dios |
| 10:30 AM | Peaceful Procession |
| 12:00 PM | Lunch in St. Augustine (bring \$\$ for lunch and shopping/activities) |
| 3:00 PM | Board Bus to Return to St. Mark—Teens call home with ETA |
| ~6:45 PM | Arrive at St. Mark, Unload, Collect Belongings, Sign Out, Go Home! |

St. Mark the Evangelist Parish
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY

INFORMATION ABOUT THE EVENT

EVENT: March for Life St. Augustine
 DATE(S): January 12, 2018 through January 13, 2018
 LOCATION: See attached schedule for details

COST: \$40 per person (and bring spending \$\$)
 TIME: 7:00 PM (1/12) to ~6:45 PM (1/13)
 PARISH: St. Mark the Evangelist

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____
 Parent/Guardian Name: _____
 Home Address: _____

(A) Parent/Guardian emergency contact name and telephone numbers:
 Name: _____
 Home: _____ Work: _____ Cell: _____

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:
 Name: _____
 Home: _____ Work: _____ Cell: _____

(C) Health Insurance Carrier: _____
 Policy Number: _____ Group Number: _____

Nature of Event: I understand that the nature of this event sponsored by St. Mark the Evangelist Parish (hereafter "Parish") will be held at St. Mark the Evangelist Parish and St. Augustine, FL (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place on January 12, 2018 and January 13, 2018, and will involve a transportation to the destination and the following activities: icebreakers, prayer, small group and large group discussions, talks, meals, taking part in a peaceful procession, recreation time (including opportunities for shopping) in St. Augustine and other miscellaneous activities.

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event, the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish, or during travel to or attendance at the location, in

the event it comes to the attention of the Parish that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may become necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS: In the following, check **ONLY** those that apply to your child:

___ YES, if upon leaving home I know my child is to be taking prescription or non-prescription at the time of this event, I give permission to the location's medical staff or Parish staff to administer the medication to my child, provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever.

___ YES, in the event it comes to the attention of the Parish that my child complains of illness, I grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the location's personnel or Parish personnel.

CODE OF BEHAVIOR: I agree to instruct my child to abide by all rules and regulations including the Parish Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior ("the Code"). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event.)

Parent/Guardian Signature

Date

Youth: As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the Parish Handbook and may be collectively referred to as "The Code". I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. (Youth's signature must appear below or the youth will not be permitted to attend the event.)

Youth Signature

Date

STATE OF FLORIDA

COUNTY OF _____

The foregoing Waiver was duly sworn and acknowledged before me this _____ day of _____, 20__, by the persons named hereinabove.

NOTARY PUBLIC

Name: _____

My Commission expires: _____