

ST. CECILIA, ST. LAWRENCE, AND ST. MARK

P R E S E N T

Cost:
\$90

Forms/Money
Due
2/16/18

Chaos

SPRING RETREAT 2018

Where: Bethany Center, Lutz, Fl.

When: March 9th-11th, 2018

Who: Teens 9th-12th Grade

For more information contact your youth minister.

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

INFORMATION ABOUT THE EVENT

EVENT: <u>Retreat for High School Students</u>	COST: <u>\$90 per person</u>
DATE(S): <u>March 9, 2018 through March 11, 2018</u>	TIME: <u>6:00 PM (3/9) to 12:00 PM (3/11)</u>
LOCATION: <u>Bethany Center</u> <u>18150 Bethany Center Drive</u> <u>Lutz, FL 33558</u>	PARISH: <u>St. Mark the Evangelist</u>

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____ T-Shirt Size: ____
 Parent/Guardian Name: _____
 Home Address: _____

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

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:
 Name: _____ Email: _____
 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 the Bethany Center (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 from March 9, 2018 through March 11, 2018, and will involve the following activities: icebreakers, prayer, small group and large group discussions, talks, meals, recreation time, 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

THIS FORM CONTINUES ON THE REVERSE SIDE — OVER

