

YOUTH RETREAT PERMISSION FORM

My child, _____, has permission to participate in the Youth Retreat at **Our Lady of Czestochowa on March 17 and 18 2023 (Friday-Saturday)**. I understand that this activity involves an overnight stay in the conference room at **The National Shrine of Our Lady of Czestochowa, Doylestown PA**. This overnight stay will include chaperones and a divide between the boys and the girls within the two sections of the Conference Room.

My child understands and agrees to abide by all the rules and regulations established pertaining to this trip.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this trip may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation. I also consent to give permission for emergency medical care for my child that may be needed as a result of my child's participation.

By signing this form, however, I hereby release the Shrine of Our Lady of Czestochowa (654 Ferry Road, Doylestown, PA 18901), The Order of St. Paul the First Hermit, Fr. Timothy Tarnacki and other chaperones from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and policies; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

This consent and release has been read and is understood by me.

Child's Name (Please Print) _____

Parent or Guardian Signature: _____

Date: _____

Home Phone: _____ Cell Phone: _____

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition

Other Medical Condition

Required medications: _____

Other Medications: _____

If the student requires medication, I understand that I am obligated to ensure that the medication to be provided.

Type of Insurance: _____

Group # : _____

Id #: _____