

## Summer 2021 Retreat Form

Thank you for registering to attend our summer retreat! Our Summer 2021 Forged Retreat is open to all incoming, current, or recently graduated high schoolers and middle schoolers who wish to encounter the Living Christ. Our retreat will be held on Saturday, July 24<sup>th</sup> from 9:00 AM to 9:00 PM at the Mission of the Good Shepherd, located at 45033 N 12<sup>th</sup> St, New River, AZ 85087. We look forward to your participation!

### STUDENT AGREEMENT & CODE OF CONDUCT

Student's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am fully aware of the date(s), time(s), and location(s) of this Summer 2021 Retreat (the "trip"). While participating in this trip, I will accept responsibility for bringing the supplies requested and for maintaining good conduct, hygiene, and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the parish has the right to terminate my participation in the field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand that if I am removed from this field trip, I and my parent(s)/guardian(s) are entirely responsible for all applicable travel expenses and that no reimbursement of funds paid is guaranteed.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### STUDENT MEDICAL INFORMATION

Insurance Company: \_\_\_\_\_ Group Identification/Policy # \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Physician's Phone #: (\_\_\_\_\_) \_\_\_\_\_

Please list any medical conditions of the student/minor (asthma, diabetes, seizures, etc.):

Please list any food allergies or special dietary needs of the student/minor (gluten, lactose, nuts, etc.):

Please list any allergies or allergic reactions to medications of the student/minor:

Please list any medications the student/minor is currently taking:

Will your student need to take any of these medications while on this trip?  Yes  No

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

Is there any other pertinent medical or behavioral information that we need to be aware of?

## EMERGENCY CONTACT INFORMATION

In the unlikely event of an emergency, please contact me at:

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Please provide at least one emergency contact:

Other Parent or Guardian

Other Emergency Contact

Name (first, last): \_\_\_\_\_

Name (first, last): \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship (friend, neighbor, etc.): \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## PARENTAL AUTHORIZATION & RELEASE OF LIABILITY

I, \_\_\_\_\_, request that my child, \_\_\_\_\_, be allowed to participate in the trip described above. I understand that this trip will take place at the date(s), time(s), and location(s) described above, and I take full responsibility for the transportation of my child to and from the trip. I further understand that while the parish plans for and prioritizes the safety of all on this trip, unforeseeable circumstances may arise in which this trip may expose my child to unlikely but unpredictable risks and dangers.

St. Rose Philippine Duchesne Catholic Church (the "parish") makes its best efforts to stop the spread of the COVID-19 novel coronavirus, but we cannot entirely prevent your child from becoming exposed to, contracting, or spreading COVID-19 while utilizing the parish's services or premises. These services are of such value to my child that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize parish services and premises in person. Unfortunately, it is not possible to fully prevent the presence of this virus. Therefore, by utilizing the parish's services and/or premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

I have read and understood the above warning concerning COVID-19 and hereby choose to accept the risk of contracting COVID-19 so that my child can utilize the parish's services and premises. I hereby forever release and waive my right to bring suit against the parish and its owners, officers, directors, managers, officials, trustees, agents, employees, volunteers, chaperones, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the parish's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

In the unlikely event of illness or injury to my child named above, the parish will try to immediately notify me or the person(s) I have designated above as emergency contacts. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

In the unlikely event in which emergency medical treatment is required due to an accident, injury or illness, and in which I cannot be immediately reached, I hereby empower parish officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child. If private vehicles are used for transportation, I give permission for my child to (check all that apply, if applicable):

Ride an ambulance     Ride with another parent     Ride with volunteer/staff     Ride with another student     Drive himself/herself

On occasion, the parish, and if applicable, other participating parishes, takes photographs or makes audio or video recordings of participants involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in parish publications or advertising materials to let others know about the parish(es). Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish(es) see fit.

I hereby expressly grant to the parish, other parishes if applicable, and/or the Roman Catholic Diocese of Phoenix (the "diocese") if applicable, the right, privilege, and license to use the picture or likeness of my child named above in any photograph, movie, video production, or any other forms of media publication and to use the verbal or written statements or declarations of my child named above for the purpose of publicizing, fostering and promoting the parish(es) and its program(s), or for any other purpose in furtherance of the mission of the parish(es) and/or the diocese.

In regards to the trip described above, I hereby acknowledge that there may be certain risks of injury involved and I knowingly and freely assume all such risks and assume full responsibility for my participation. I agree to indemnify, save, and hold harmless the parish, the diocese, its employees, agents, representatives, affiliates, and volunteers of any loss, claim, damage, injury, illness, costs, or harm of any kind or nature to me arising out of any and all activities associated which may occur or be incident to my involvement or participation with this trip.

I have read this waiver, publicity release, and release of liability in its entirety and understand all its terms. I freely execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian