

Catholic Archdiocese of Atlanta  
**Connections Retreat (For ALL 8th Graders ONLY)**

Parental/Guardian Consent Form and Liability Waiver

Deadline for Registration: March 12, 2017

**No Refunds after the March 12, 2017 deadline**

(Minimum of 20 participants needs to be registered by the deadline above or the retreat will be cancelled)

Name of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Camp Hidden Lake, Dahlonega, GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

- Type of Event:** Spiritual
- Destination of Event:** Camp Hidden Lake  
830 Hidden Lake Road  
Dahlonega, GA 30533
- Individual in Charge:** Colleen Pittroff
- Transportation:** TBD - **Drop-off/Pick-up at SPC ONLY**
- Cost:** \$100 (includes transportation, lodging, food, and T-Shirt, rope course)
- Date/Time Departing:** Saturday, March 18, 2017 - 9:45 am
- Date/Time Return:** Sunday, March 19, 2017 - 6:00 pm



As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

- I DO /DO NOT (circle one) grant permission for photos of my child to be used in parish sponsored print and social media publications (i.e. bulletin, website, Facebook, etc.)
- I am aware of the refund information at the top of this form.
- I can chaperone. Best number to contact me: \_\_\_\_\_

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

**Faxes or Scanned copies of this form cannot be accepted**

## 2016-2017 St. Peter Chanel Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone #: \_\_\_\_\_

Father/Guardian's Full Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/Guardian's Full Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Special consideration to be aware of (ie: allergies, medical conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication (and dosage) my child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Parent please print name:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**HIDDEN LAKE 2015/2016  
LIABILITY RELEASE FORM**  
(for youth and chaperones)

GROUP LEADER: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

**PARTICIPANT'S INFORMATION:** (please print)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

GENDER:       MALE       FEMALE

GRADE ENTERING:     9     10     11     12     JUST GRAD.

**PARENT/GUARDIAN INFORMATION:** (if youth)

NAME(S): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT:** (youth and chaperones)

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

**HEALTH INFORMATION:** (youth and chaperones)

DOCTOR: \_\_\_\_\_

DOCTOR PHONE #: \_\_\_\_\_

INSURANCE CO.: \_\_\_\_\_

INSURANCE ID #: \_\_\_\_\_

INSURANCE GROUP #: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

PARTICIPANT'S ALLERGIES (including meds and food): \_\_\_\_\_

PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes): \_\_\_\_\_

CURRENT MEDICATION & DOSAGE (prescription & over the counter): \_\_\_\_\_

**WAIVER:**

I, \_\_\_\_\_, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Hidden Lake Retreat. I am fully aware that my own/my child's participation in Hidden Lake Retreat is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in Hidden Lake Retreat, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen, Camp Hidden Lake and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in Hidden Lake Retreat which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from Hidden Lake;
2. Agree to indemnify, defend and hold harmless Life Teen, Camp Hidden Lake, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in Hidden Lake Retreat including my/his/her travel to or from Hidden Lake.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in Hidden Lake Retreat. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in Hidden Lake Retreat;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in Hidden Lake at any time should my/his/her actions or general behavior impede the operation of Hidden Lake Retreat or the rights or welfare of any person. I understand that I/my child may be required to leave Hidden Lake Retreat in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of Hidden Lake Retreat. I understand that Life Teen, in its sole discretion, reserves the right to cancel Hidden Lake Retreat or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout Hidden Lake Retreat by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/ he/she may sustain as part of my/his/her participation in Hidden Lake Retreat. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen, Camp Hidden Lake, and the site organization(s) of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in Hidden Lake Retreat. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen, Camp Hidden Lake, and the site organization(s) my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in Hidden Lake Retreat, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: \_\_\_\_\_  
(must be signed by parent/guardian if participant is a minor)

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_