

Catholic Archdiocese of Atlanta
Winter Retreat-Camp Covecrest-January 12-14, 2018

Parental/Guardian Consent Form and Liability Waiver

Deadline for Registration: January 5, 2018

No Refunds after the January 5, 2018 deadline

(Minimum of 20 participants must 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 Covecrest in Tiger, 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: Covecrest
25 Falls Drive
Tiger, GA 30576

Individual in Charge: Ashley Dean

Transportation: Driving

Cost: \$150 (includes: lodging, food, and T-Shirt)

Date/Time Departing: Friday, Jan. 12, 2018 - 5:30 PM
(Please eat dinner before drop off)

Date/Time Return: Sunday, Jan. 14, 2018 in time attend 5pm Mass.



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 can chaperone and I have a current background on file and have attended a VIRTUS training.
- Best number to contact me: _____

Signature of Parent / Guardian _____ Date _____

Faxes or Scanned copies of this form cannot be accepted

2017-2018 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 (i.e.: allergies, medical conditions, etc.): _____

Medication (and dosage) my child is currently taking: _____

Parent please print name:

Parent Signature: _____

Date: _____



Please mail to:
Covecrest
25 Falls Drive
Tiger, GA 30576
P: (706) 782-5961
agrassi@lifeteen.com

Covecrest Retreat

PARTICIPANT AGREEMENT

PARTICIPANT'S INFORMATION: (please print)

LAST NAME: _____
FIRST NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP CODE: _____
PHONE #: _____
EMAIL: _____
BIRTH DATE: _____
SEX: MALE FEMALE
PARISH: _____
DIOCESE: _____

HEALTH INFORMATION:

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, epilepsy)

PARTICIPANT'S OTHER PHYSICAL RESTRICTIONS (if any):

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the LIFE TEEN Inc. ("LIFE TEEN") I am fully aware that my own/my child's participation in The Event is totally voluntary. In consideration of LIFE TEEN's agreement to permit me/my child to participate in The Event, 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 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 The Event 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 The Event;
2. Agree to indemnify, defend and hold harmless LIFE TEEN 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 The Event including my/his/her travel to or from The Event.

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 The Event. 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 The Event;
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 The Event at any time should my/his/her actions or general behavior impede the operation of The Event or the rights or welfare of any person. I understand that I/my child may be required to leave The Event 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 The Event. I understand that LIFE TEEN, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The Event 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 The Event. 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 of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in The Event. 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 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 The Event, 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: _____

Print Name: _____

Dated: _____

PARENT / GUARDIAN INFO: (if participant is a minor)

CONTACT NAME: _____

PHONE #: _____