

St. Aloysius High School Youth Group  
2018 Fall Retreat October 20 & 21, 2018  
Cost: \$65 Location: Rosaryville  
Consent Form and Liability Waiver

Participant Information (PLEASE PRINT)

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Information (PLEASE PRINT)

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Work Phone: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_  
Cell Phone: (mom) \_\_\_\_\_ (dad) \_\_\_\_\_

**We love it when parents join us as chaperones! Can you? YES NO Name: \_\_\_\_\_**

Emergency Contact Information (PLEASE PRINT) – other than parents

Name: \_\_\_\_\_  
Relation to Participant: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_, to participate in this parish event at Rosaryville that requires transportation to a location away from the parish site and includes swimming in the lake. This activity will take place under the guidance and direction of parish employees and/or volunteers from St Aloysius Catholic Church.

A brief description of the activity follows:

- Type of event: Fall Retreat
- Date of event: October 20 & 21, 2018
- Destination of event: Rosaryville
- Individual in charge: MacDougall Womack and the Adult Core Team
- Time: Parents drop off at 9 am on 10/20/2018 and pick up at 4 pm on 10/21/2018
- Mode of transportation to and from event: parent pick up and drop off

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by \_\_\_\_\_ (“participant”). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Catholic Church, its officers, directors, employees, chaperones, and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Aloysius Catholic Church, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Baton Rouge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A refund will not be given unless another teen can take your child's place.**

**\*\*\* Deadline: Wednesday, October 10<sup>th</sup> \*\*\***