

**Parental Consent Form**  
**St. Christopher Catholic Church**  
**Confirmation Retreat November 22-24, 2019**

Participant name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

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

Emergency Contact (NOT parent) \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Medical information for participant:**

\*Medicine Dispensation Form required for medicine to be administered. Print at <http://www.stchrismi.org/quest/>

Allergies: \_\_\_\_\_

Medical: \_\_\_\_\_

**Insurance Information:**

Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Subscriber: \_\_\_\_\_

As parent/legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant(s). As well your son/daughter is expected to abide by the dress code and behavior expectations as expressed by the administrators of the retreat. In the event that is not done a parent will be called to pick up their son/daughter at the retreat site.

I give my **son/daughter (name)**, \_\_\_\_\_ permission to take part in St. Christopher's Confirmation Retreat at **Subiaco Retreat House in Oxford, MI from Friday, November 22 at 6:30pm through Sunday, November 24, 2019 at 2:00pm**. I understand that he/she will be traveling by personal vehicle, will be adult chaperoned as well as supervised by a parish staff person(s). I understand that group photography of participants may be procured during the event and used in the parish bulletin. I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authorization is granted only after a reasonable effort has been made to reach me. In consideration of my child being allowed to participate in this event, I hereby agree on behalf of myself and my teen, to release St. Christopher, the Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my teen, or on behalf of my teen, arising from or relating to my teen's participation in the event. In the event this release on behalf of myself and/or my teen is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my teen, or on behalf of my teen, arising from or relating to my teen's participation in this field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

**Print** Parent/Legal Guardian Name: \_\_\_\_\_

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

**DUE on or before November 10**