

Overnight Retreat Student Agreement

Student Name _____

(This form must be completed by each attending student with their parent)

By joining the J+Walkers overnight retreat, I agree to:

1. Follow all instructions and directions given by adult staff and volunteers.
2. Respect the property and grounds of St. Leonard Retreat Center
3. Act in a "school-appropriate" manner, including but not limited to:
 - Respecting speakers by listening attentively and raising my hand with questions.
 - Refrain from hitting/kicking/or otherwise contacting other students in an unwelcome manner.
 - Use language appropriate for the nature of the retreat.
 - Interact with other students, through words and actions, with respect.
4. Use technology only during times designated by the retreat leader.

I understand that not following these rules may result in:

1. A verbal warning.
2. Being removed from fun/social activities.
3. If repeated, removal from the retreat and a phone conversation with parent(s).

Student Signature: _____

Parent Signature: _____

St. Christopher Youth Ministry Activity Permission Form
Release, Indemnification & Waiver of Liability

Date: _____

Dear *Mr. Logan Feldkamp*,

I, _____, am the _____
(Name of Parent/Guardian) (Father, Mother, Guardian)

Of _____, a participant of St. Christopher Youth
Ministry.

I hereby request permission for the above-named child to attend the activity at *St. Leonard Retreat Center* from the times of *5:30p August 16th to 5:30pm August 17th* and I consent to the child's participation in this activity. I understand that this activity consists of *outdoor activities, learning opportunities, and staying overnight at the retreat center*. I fully understand what is involved in the activity and I understand that I have the opportunity to call *Mr. Feldkamp* and ask him about the activity.

I understand that I am solely responsible for the transportation of my child to and from the activity.

My child agrees to abide by all the rules of the aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity.

I understand that all activities have certain risks and could result in injury to the above-named child. In consideration of the child being allowed to participate in the field trip on behalf of my child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above field trip. To the fullest extent allowed by law I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release,

discharge, hold harmless and indemnify the School, Parish, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgements, liability (of any nature and extent) which in any way arise out of or relate to my child's participation in the Activity, foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the School, Parish, or the Diocese of Cleveland.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

Parent Signature _____

Name (Please Print) _____

Date _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Medical Issues/concerns _____

Medications child must take _____

**Please print, complete all fields, and send a picture of the completed form to
lfeldkamp@stchrisparish.com. Each child needs their own permission slip. Thank you.**