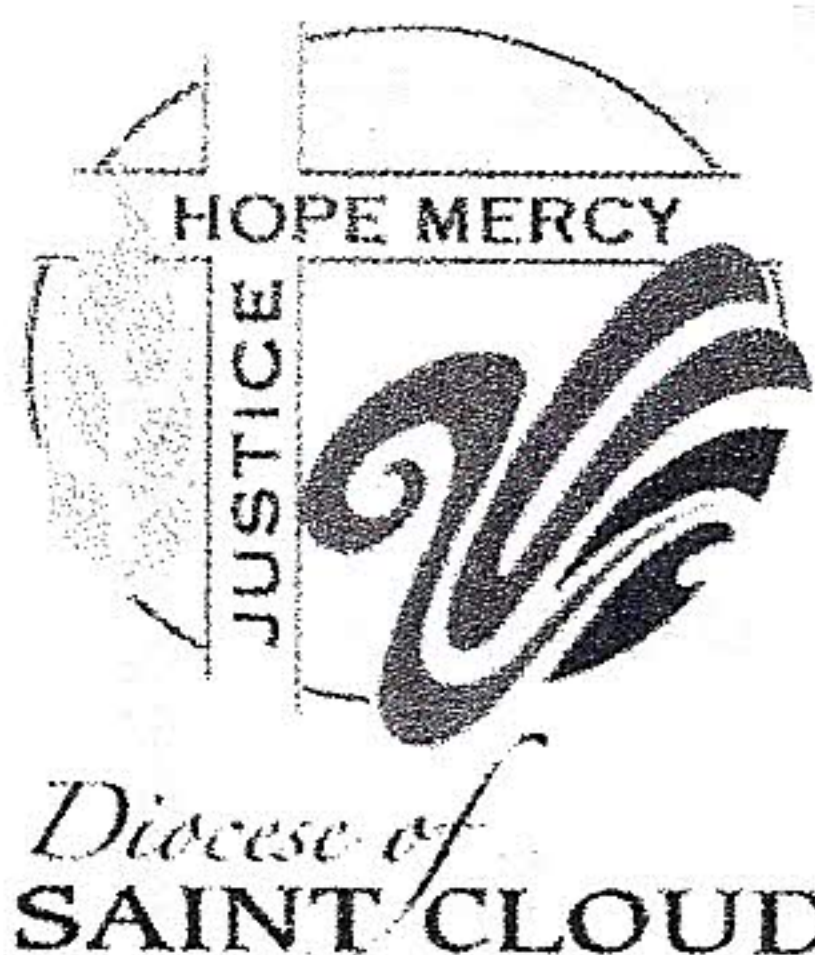


STUDENT - DUE DATE: Feb 1st 2012



CATHOLIC EDUCATION MINISTRIES

305 Seventh Ave. N. • Suite 201 • St. Cloud, MN • 56303 • 320-251-0111 • fax: 320-251-0259

Castaway Retreat March 16-18, 2012

B-1 PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER FOR MEDICAL TREATMENT

Participant's name: _____

Birth date: _____ Gender: _____ Grade: _____ Number of times at Castaway _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

Cell Phone: _____ Other Emergency Phone: _____

I, _____ grant permission for my youth, _____
(Parent or guardian's name) (Youth's name)

to participate in this parish/diocesan event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of **Diocese of St. Cloud-Catholic Education Ministries**, parish employees and/or volunteers from _____
(Church name)

A brief description of the activity follows:

Type of event: **Castaway Retreat**

Date of Event: **March 16-17-18, 2012**

Cost of Retreat: **\$130 each** (\$55 Deposit Due _____ \$75 Balance Due _____)

Destination of event: **Young Life Castaway Club in Detroit Lakes, MN**

Parish Leader & Contact Info: _____

Coordinated by: **Diocese of St. Cloud-Catholic Education Ministries**

Estimated time of departure and return: **Leave 3/16 morning - Return 3/18 late afternoon**

Mode of transportation to and from event: **School or Coach Bus**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the _____ its officers, directors, employees and agents, and the
(Church Name)

Diocese of St. Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my youth 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 the parish, its officers, directors and agents, and the Diocese of St. Cloud, 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 diocese.

**Photos will be taken during Castaway for promotional purposes. If you do not want photos of your child to be used for promotional purposes, please sign Here
=>=>=>=>**

Signature: _____

Print Name: _____ Date _____

Signature