

CONFIRMATION RETREAT FORM

DUE: OCTOBER 25, 2023

SAINT AMBROSE

CATHOLIC COMMUNITY

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____
Birth Date: _____ Male _____ Female _____ Grade in School: _____
Parent/Guardian's Name: _____
Home Address: _____ City: _____ Zip: _____
Telephone: _____ Cell: _____ Email: _____
Dietary Needs (gluten free, vegetarian) _____

Name of Event: Saint Ambrose Catholic Community Confirmation Retreat

Date of Event: December 1-3

Individual in charge: David Flynn 651-768-3022

Location: Camp Victory, 58212 403rd Ave, Zumbro Falls, MN 55991

Transportation: School Bus

Drop Off: 4:45 pm Friday at St. Ambrose. Pick Up: 2:00 pm Sunday at St. Ambrose

Cost of event: \$170.00 (non-refundable)

_____ (Participant's name) to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish-school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/ Archdiocese of St. Paul/Minneapolis by myself, my child or others that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit. I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts. Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.
**If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/ activities may require this clause.*

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

_____ (Name & Phone)

MEDICAL INFORMATION:

Medication my child is taking at present: _____ Allergies: _____
Family Health Plan carrier number: _____ Family Doctor: _____
Phone Number: _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

PLEASE SEE OTHER SIDE

**Confirmation Retreat Code of Conduct
Saint Ambrose Catholic Community**

The following are a few rules that all participants are expected to follow while participating in the Saint Ambrose Confirmation retreat.

Please read and sign.

I, _____,
Printed Name of Youth Participant

WILL:

- My child will treat all other persons with the respect and dignity that God has infused into each human person.
- My child will not cause any intentional harm (physically, emotionally, mentally, or spiritually) to any person in any way on this event.
- My child will respect the property of others, including all program facilities and property.
- My child will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, parish leaders, chaperones, support staff, transportation personnel, and administration staff.
- My child will be on time for all check-ins and departure times throughout the entire event.
- My child will not have in my possession any tobacco, inappropriate literature or pictures, alcohol or any controlled illegal substance.

I understand and agree to these expectations and that if any of these terms are violated, Saint Ambrose of Woodbury staff can and will send the participant home at the participant/guardian's expense.

Parent/Guardian Signature

Date