

LIFE TEEN RETREAT

MARCH 8TH-10TH

Teens in grades 9-12 are invited to join us for a weekend discovering what it means to be emptied of our sins, pride, selfishness and be filled with God's love and mercy. This retreat is designed to help strip away the worldly, prideful parts of our lives and teach us how to truly empty ourselves of all that is not God. Only after we are emptied can God fill us. Only after we are empty will we more perfectly, more authentically, more humbly encounter Christ in the Word and Sacraments.

Retreat Location: Green Lake Conference Center

Time: Students should be dropped off at the St. Francis of Assisi Life Teen House between 4:30-4:45 PM on Friday evening and will return by 3:00 PM on Sunday afternoon.

Who Can Attend?: Any high school student, regardless of school or whether the teen has been confirmed already or not.

Cost: \$140 (Contact Elizabeth if cost is a concern.)

A retreat experience is part of our high school program and a requirement for students wishing to be confirmed. No student will be turned away because of an inability to pay for the retreat. Please contact Elizabeth at elizabeth.fritsch@sfamanitowoc.org or 920-652-7821 for more information. Space is limited on the retreat and spots are given to students on a first come, first serve basis. Turning in this permission slip along with your payment will reserve your place on the retreat.



Participant Information:

Participant Name: _____ Phone #: _____

Parent or Guardian's Name: _____ Teen D.O.B: ____ / ____ / ____ Grade: _____

Parent Email: _____

Participant Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

T-Shirt Size(Adult Sizes) S M L XL XXL

Health Information:

Participants Doctor: _____ Phone: _____ Insurance Co. Name: _____

Medical Insurance: _____

(ID Number)

(Group Number)

(Cardholder's Name)

Participants Allergies, if any: _____

Participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Participants other physical restrictions (if any): _____

Waiver:

I, _____ am the legal parent or guardian of the minor, _____ who will be participating in the St. Francis of Assisi LifeTeen 2019 retreat . In consideration of St Francis of Assisi's agreement to permit my child to participate in the retreat, I agree as follows:

I, on behalf of my minor child, and our respective heirs, successors, assigns, and personal representatives hereby:

1.Release, acquit, and forever discharge St. Francis of Assisi Life Teen and their employees, agents, servants, officers, trustees, and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of or relate to my child's participation in the retreat including his/her travel to or from the retreat.

I hereby acknowledge and accept that:

1.There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my child's participation in the retreat. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of St. Francis of Assisi's permission to allow my minor child to participate in the retreat;

2. My child's personal property is at his/her risk entirely;

3..St. Francis of Assisi reserves the right to remove my child should his/her actions violate the alcohol and drug policy, or endanger the welfare of any person at the sole discretion of St. Francis of Assisi Life Teen. In such an event, I will be required to pick up my child at my own expense.

I represent and warrant that my child is covered throughout the retreat by a policy of comprehensive health and accident insurance which provides coverage for injuries which he/she may sustain as part of his/her participation in the retreat. I agree to complete the HEALTH INFORMATION above to the best of my ability, and, by its completion, I hereby release and discharge St. Francis of Assisi Life Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense he/she may incur while participating in the retreat. By completion I hereby release and discharge St. Francis of Assisi Life Teen to obtain any necessary medical treatment for my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize St. Francis of Assisi Life Teen to release medical information about my child to any person or entity to whom St. Francis of Assisi Life Teen refers my child to for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Wisconsin and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue to be in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Manitowoc County, Wisconsin court.

I hereby grant to St. Francis of Assisi Life Teen my consent without reservation to use, assign, convey, reproduce, or publish my child's name, voice, image, and/or likeness that arises from his/her participation in the retreat, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at St. Francis of Assisi's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and I have signed it knowingly and voluntarily.

Signed: _____ Dated: _____

Emergency Information:

Emergency Contact Name: _____ Phone Number: _____