



Dunrovin Christian Brothers Retreat Center

# Youth **GETAWAY** Retreat

REGISTRATION and PARENTAL AUTHORIZATION FORM

**Retreat Participant**

Retreat Number and Date: \_\_\_\_\_

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address you wish correspondence to be directed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Church (if any) \_\_\_\_\_

Parent/Guardian Name(s) (printed) \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Doctor and Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Plan ID # \_\_\_\_\_ Group # \_\_\_\_\_

Known allergies \_\_\_\_\_

Note specific medical, psychological, or health care needs you wish the staff to be aware of. To what degree will these concerns affect your child's ability to participate on retreat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is taking the following medications: \_\_\_\_\_

My child has my written permission to self-administer the above medications as listed \_\_\_\_\_ Yes \_\_\_\_\_ No

I request that the supervising adult retreat staff give medications\* to my child \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*If Dunrovin retreat staff is requested to supervise medications, a current list MUST be received at the beginning of the retreat. No medications will be given to any participant without written or verbal permission from a parent/guardian or the alternative contact person who is designated on this form.**

**In case of emergency, Dunrovin will attempt to contact the parent/guardian(s) listed on this form. If unable to contact this primary parent/guardian, contact the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### ASSUMPTION OF RISK, WAIVER, AND RELEASE OF DUNROVIN RETREAT CENTER FROM LIABILITY

1. I, the undersigned, hereby consent to participation by my son/daughter in the Dunrovin Youth GETAWAY Retreat on the dates stated above (retreat number and date). I understand that this event will take place at the Dunrovin Retreat Center and that my son/daughter will be under the supervision of adult authorized personnel;

(OVER)

2. I, the undersigned, understand that participation in the Youth Getaway Retreat involves inherent danger and risk of injury. This inherent danger is understood and voluntarily assumed. I assume all risks which are foreseeable and involved with or may arise out of my child's voluntary participation in the Youth Getaway Retreat, including, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the premises, a defect in the vehicles used for transport, or the unavailability of emergency care. The undersigned does not assume the risks of injuries caused by the gross negligence, or willful or wanton misconduct of any officials, officers, employees, or agents of Dunrovin Retreat Center;

3. I, the undersigned, release Dunrovin Retreat Center and all of its officers, trustees, employees and agents not to initiate litigation on account of or in connection with any claims, causes of action, injuries, illnesses, damages, and/or cost of expenses arising out of the activities involved in the Youth Getaway Retreat, including those claims, causes of action, injuries, illnesses, damages, and/or cost of expenses based on death, bodily injury, or property damage whether or not caused by the negligence or other fault of the parties being released;

4. I, the undersigned, understand and agree that Dunrovin Retreat Center is not able to provide medical personnel and I hereby give my consent to have an adult supervising personnel procure for my child medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to hold harmless and indemnify Dunrovin Retreat Center from all liability, loss, cost, claim, lawsuit, or damage, whatsoever, including injury, death, or property damage, which may be imposed upon my child because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the released parties;

5. I, the undersigned, grant permission to transport my child to the nearest clinic, urgent care center, or hospital for emergency medical or surgical treatment. I will be contacted as soon as possible by the hospital or doctor;

6. I, the undersigned, give permission that printed or electronic photos of my child during the Youth Getaway Retreat may be used for Dunrovin's promotional and business purposes. No names will be used without further permission.

7. The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.

8. The undersigned, enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.

9. The protections provided by this Assumption of Risk, Waiver, and Release from liability only enhance those protections already provided by the laws of Minnesota.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THIS DOCUMENT. I UNDERSTAND IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DOES SO FREELY AND VOLUNTARILY. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY AND THAT MY CHILD'S PARTICIPATION IN THIS ACTIVITY IS VOLUNTARY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Name of Participant (printed) \_\_\_\_\_

Parent/Guardian name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form along with check payable to "Dunrovin Retreat Center" to:

Attn: Erin Kimball  
St. Pius X Faith Formation  
3878 Highland Avenue  
White Bear Lake, MN 55110  
(651) 429-5994  
ekimball@churchofstpiusx.org

**Final information regarding the retreat will be sent to participants approximately two weeks prior to the retreat.**