

I'M LOSING IT!

(and I'm glad!)

Central MD Youth Ministers: HS Day Retreat



Saturday, May 5, 2022

12:30-9:30pm

St Ann Church, Hagerstown, MD

5 of our Central MD Parishes are putting together a day retreat experience called "I'm Losing It (and I'm Glad)," in place of Mount2000 which unfortunately had to be cancelled this year. When we choose to lose the right things – there is much to gain!" We are planning a full day of fellowship, fun games, great music & talks, Adoration, reconciliation, and a vigil Mass. Please come join all of your peers from St Timothy's- Walkersville, St Peter's- Libertytown, St Katharine Drexel- Frederick, Holy Family- Middletown, & St Ann's-Hagerstown!

Youth Name _____ Grade _____ T-shirt Size (Adult Size): _____

Emergency Contact/Phone # _____ Cost is \$30: Need a scholarship? Yes /No

I hereby grant permission for my minor Child to spend the night, participate in & be transported during "**HS Day Retreat**" associated with **St Ann Catholic Church, St Katharine Drexel, St Timothy Roman Catholic Congregation, St Peter the Apostle Roman Catholic Church & Pastorate of St Francis-St Mary and Holy Family** facilitated by **St. Ann Hagerstown, Roman Catholic Congregation, Inc, St Katharine Drexel, St Timothy Roman Catholic Congregation, St Peter the Apostle Roman Catholic Church & Pastorate of St Francis-St Mary and Holy Family** (the "Parish"), located in around **1525 Oak Hill Ave, Hagerstown, MD 21742** on **Saturday, March 5, 2022**. (collectively, the "Activities"). In consideration of the opportunity for my Child to participate in the Activities of, but not limited to: **indoor/outdoor sports & activities and transportation to St Ann Church**. I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY **St. Ann Hagerstown, Roman Catholic Congregation, Inc, St Katharine Drexel, St Timothy Roman Catholic Congregation, St Peter the Apostle Roman Catholic Church & Pastorate of St Francis-St Mary and Holy Family** and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the "Archdiocese of Baltimore") to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.

X _____

Parent/ Guardian Signature

Date of Signature

Providing the following information will help in the registration process for the HS Day Retreat.

FOR PARENTS:

Parent Name _____ Are you interested in Volunteering? Yes / No

Have you completed VIRTUS training? Yes / No Did you do a Driver's Check? Yes / No

Adult Volunteer T-shirt size: _____

Please read and agree to the following:

1. **Respect God** –refrain from using God's name in vain, keep in mind that you represent the Catholic community.
2. **Respect People** - control temper, avoid profane language, refrain from public displays of affection, dress modestly, abstain from illegal substances, respect other people's property.
3. **Respect Adult Guidance** – remember that all adult chaperones have the authority to direct every youth at the event.

For the protection and safety of all of our participants, we ask that all parents or guardians inspect your young person's belongings before traveling to HS Day Retreat. The policy of our parish and the Archdiocese of Baltimore, in accordance with the State of Maryland is that drugs, alcohol, and weapons of any kind are prohibited from ALL parish events. In the event that a potentially dangerous or illegal situation were to occur on any of our events, the parish staff /VIRTUS trained chaperones reserve the right to verify/inspect the youth's belongings, as well as notify the parent or guardian of the event and possible dismissal from the HS Day Retreat. In the event illegal items are in the possession of a minor, parents and law enforcement will be contacted. If at any point we are concerned about the health and well-being of a young person EMS will be notified. This policy is in the best interest of creating a safe and healthy experience for all participants and volunteers of our parish. By signing below the teen and parent are agreeing to these conditions.

Teen Signature/Date

Parent/Guardian Signature/Date

**ST ANN, HAGERSTOWN, ROMAN CATHOLIC CONGEGATION, INC, ST KATHERINE DREXEL, ST
TIMOTHY ROMAN CATHOLIC CONGREGATION, ST PETER THE APOSTLE ROMAN CATHOLIC
CHURCH & PASTORATE OF ST FRANCIS-ST MARY AND HOLY FAMILY
PERMISSION & RELEASE AGREEMENT FOR MINOR PARTICIPANT**

(PLEASE PRINT)

Youth Name: _____ Birth Date _____ Male/Female (**circle**)

Parents /Guardian Name: _____ Home Phone: _____

Address: _____ City/State/Zip _____

Parent E-mail Address: _____ Parent cell: _____

School attending (2021-2022) _____ Grade _____

I hereby grant permission for my minor Child to participate in any and all activities associated with **ST ANN CHURCH, ST KATHERINE DREXEL, ST TIMOTHY ROMAN CATHOLIC CONGREGATION, ST PETER THE APOSTLE ROMAN CATHOLIC CHURCH & PASTORATE OF ST FRANCIS-ST MARY AND HOLY FAMILY** facilitated by **ST ANN, HAGERSTOWN, ROMAN CATHOLIC CONGREGATION, INC, ST KATHERINE DREXEL, ST TIMOTHY ROMAN CATHOLIC CONGREGATION, ST PETER THE APOSTLE ROMAN CATHOLIC CHURCH & PASTORATE OF ST FRANCIS-ST MARY AND HOLY FAMILY** (the “Parish”), whether on Parish premises or at off-site locations from **7/1/2021 TO 6/30/2022** (collectively, the “Activities”). In consideration of the opportunity for my Child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever **RELEASE, HOLD HARMLESS, AND INDEMNIFY ST ANN, HAGERSTOWN, ROMAN CATHOLIC CONGREGATION, INC.** and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge that my Child’s participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my Child’s actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child’s participation on behalf of my Child and I voluntarily elect to allow my Child to participate in the Activities.

I understand that my Child’s participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough to participate in the Activities. By allowing my Child to participate in the Activities, I confirm that my Child does not have an elevated temperature and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child’s health and safety during the Activities.

I hereby grant permission to any Parish or Archdiocesan staff member or volunteer to provide the following over-the-counter drugs (or their generic equivalent) to my Child if requested by my Child during the Activities, in accordance with dosage instructions provided on the corresponding drug's packaging (check all that apply):

- Tylenol/Acetaminophen Benadryl Diphenhydramine Advil/ Ibuprofen
 Imodium/ Antidiarrheal Neosporin/Antibody Ointment Pepto Bismol

The following emergency contact(s) have permission to pick up my Child and to make decisions regarding my Child on my behalf if the Parish or the Archdiocese of Baltimore is unable to contact me:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I acknowledge and agree that photographs or videotape of participants of the Activities, including my child, may be used in publications, websites or other materials produced from time to time by St. Ann Roman Catholic Church or by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify the Youth Ministry Office in writing. I understand that the Youth Ministry Office staff has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.

X _____
Signature Date

(MUST check one of the following)

My Child is covered by hospitalization and medical insurance under policy number

_____ issued by _____.

My Child is NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my student.

ADD any other medical information concerning allergies, illness, challenges, etc.:

ADD any dietary restrictions: _____