



Healing the Whole Parish Retreat Registration October 5-7, 2018

Please complete a separate registration form for each person you are registering for the retreat. Each retreatant must complete their own liability waiver (see page 2).

Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email:	

The person listed above is a minor (under age 18). **Due to the nature of the retreat, all minors must be accompanied by a parent/guardian for the entire retreat.**

Special Needs:

Dietary Restrictions (please mark all that apply):

- Vegetarian
- Gluten Free
- Dairy Free

Payment

The cost is \$40 per person. Financial Assistance is available.

Please indicate your method of payment below:

- My payment of \$40 is included with my registration. Make checks payable to 'Church of St. Pius X'
- I have paid electronically. Please use the '**DONATE ONLINE**' button at www.churchofstpiusx.org (Look for Healing the Whole Parish under Registrations)
- I need financial assistance.
 - Partial Financial Assistance and I can pay \$_____ included with registration
 - Full Financial Assistance

**Please complete return Registration AND Liability Waiver. Payment due with registration.
Return registration form and payment to Parish Office on or before October 1st.**

St. Pius X
Attention: Healing Retreat
3878 Highland Avenue
White Bear Lake, MN 55110

Completed registrations can be emailed to Suzie Schulte at sschulte@churchofstpiusx.org when payment is made electronically via the parish website.

For Office Use Only:	Received:	Check #	Cash	Amount:
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HEALING THE WHOLE PARISH INFORMED CONSENT FORM

Name (please print): _____ **Date of Birth:** _____

I understand that the Healing the Whole Parish retreat presents an understanding of the human person (anthropology) and theology based on the teachings of the Roman Catholic Church. The material may include topics on suffering, sin, trauma, personal wounds, etc. There may be optional opportunities to receive the Sacrament of Reconciliation and to receive various forms of prayer ministry. I understand that St. Pius X Church cannot guarantee that I will receive healing.

I also understand that I am free to leave at any time, including teaching or experiential sessions. My choice to not participate in any particular activity does not preclude me from partaking in other activities.

If individual prayer ministry is offered to me during the retreat, I understand that all prayer ministers are volunteers. While some may be professionally trained in the helping professions, I understand that they are not functioning in a professional capacity. Ministry by priests or volunteers does not constitute the provision of medical services, health services or psychotherapy and is not guaranteed.

While some of the presenting team members may be healthcare providers or have professional training, I understand that no patient-provider relationship or psychotherapy services are being provided. While the team members agree to keep the strictest of confidentiality in our communications, these communications may not possess any privilege under state or federal law governing provider-patient relationships (with the exception of priest-penitent privilege in the Sacrament of Reconciliation). I acknowledge and understand that if I disclose to any staff or volunteering that my behavior is at risk of placing a child, mentally ill person, or vulnerable adult at risk, or I am aware of such information, that this information will be disclosed to the appropriate authorities in accordance with applicable state law and church policies. I further understand that if staff or volunteers believe that I am a risk to myself or others, they may also have to be disclose that information for my protection or others.

If I am under the care of, or receiving treatment from any medical or mental health care professional, I will not modify or terminate any treatment, including, but not limited to, therapy or medication, without consulting with that medical or mental health care professional. I further understand that should I modify or terminate any treatment from any medical or mental health care professional, including any therapy or medication, with or without consulting with that medical or mental health care professional, I do so at my own risk.

I agree to hold harmless the Church of St. Pius X, its staff and volunteers for any injury or damage suffered as a result of any decision to change my medical treatment without consultation with my provider. I understand that if I am currently taking any medication or operating under the advice of my health care provider, I will allow them to independently confirm any changes to my medical/mental health status prior to altering any prescribed treatment.

I understand that photographs and videos may be taken at the event and consent to such photographs/video of myself may be part of a live-streamed event, or used in subsequent publication in media including, but not limited to, the following: internet, newsletter, newspaper, and/or periodical.

I attest that I have read and fully understand the contents of this document:

Signature

Date

If the above named person is a minor (under the age of 18) this form must be signed by a parent/guardian.

Parent/Guardian (Print Name)

Signature of Parent/Guardian

Date