

St. Ignatius Parish
Corpus Christi Parish

*what do
you seek?*
John 1:38

FALL RETREAT 2021
NOVEMBER 5-7

HOLY SPIRIT HALL // FAIRHOPE, AL

**Please return forms and registration fee (\$40) to
your parish office / youth minister by October 27th!**

Contact Fr. Alex Crow or MC Sylvester for more info:
frcrow@corpuschristiparish.com // sylvesterm@stginatius.org

**St. Ignatius Life Teen / Corpus Christi Youth Group
Fall Retreat 2021
November 5-7, 2021
Holy Spirit Hall • Fairhope, AL**

Participant Info:

Teen Name: _____
(First) (Last)

Cell # _____ DOB: _____ / _____ / _____

Parish: _____

School _____ Grade: _____ Are you Catholic? Y / N

Any medical/dietary restrictions we need to know about?

Parent/Guardian Info:

Parent Name: _____
(First) (Last)

Cell # _____ Other #: _____

Email: _____

In the case of an emergency and I cannot be reached, please contact:

Name: _____ Relation to participant: _____

Cell # _____ Other #: _____

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature _____ Date: _____

Other Medical Treatment: (Please read carefully, sign only what pertains to your child.)

In the event it comes to the attention of the parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Parent/Guardian Signature _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent/Guardian Signature _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Parent/Guardian Signature _____

READ CAREFULLY AND SIGN - Student Agreement/Code of Conduct:

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively, follow directions and be respectful to everyone. I understand and accept that all parish/youth group rules and disciplinary actions apply to this trip. I understand and accept that upon arrival to the retreat center that my cellphone and car keys will be collected by the retreat team and returned upon the close of the retreat on Sunday at 11AM. My parent(s)/guardian(s) and I have discussed this code of conduct for the retreat.

Participant's Signature: _____ Date: _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Ignatius/Corpus Christi Parishes, their officers, directors, employees and agents, and the Archdiocese of Mobile, their employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/ institution, its officers, directors and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses that may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/ institution/ archdiocese.

Parent/Guardian Signature: _____ Date: _____

**ARCHDIOCESE OF MOBILE
PARENTAL/GUARDIAN COVID-19
CONSENT FORM AND LIABILITY WAIVER**

Student(s) name(s): _____

Parent/Guardian's name: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. St. Ignatius / Corpus Christi Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its parish/school. However, even though such standards will be followed and reasonable measures put into place, St. Ignatius / Corpus Christi Parish/School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending St. Ignatius / Corpus Christi Parish/School could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by attending and participating in related activities at St. Ignatius / Corpus Christi School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at St. Ignatius / Corpus Christi Parish/School may result from the actions, omissions, or negligence of myself and others, including, but not limited to, St. Ignatius / Corpus Christi Parish/School employees, volunteers, and program participants and their families.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, and hold harmless St. Ignatius / Corpus Christi Parish/School and the Archdiocese of Mobile, their members, directors, officers, employees, agents and representatives ("Releasees") associated with the event arising from or in connection with any Health Emergency Claim under Alabama law or the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____ Date: _____

Holy Spirit Ministries Hold Harmless/Indemnity Form
(to be completed by all retreat center guests regardless of age)

Name: _____ Group Name St. Ignatius / Corpus Christi

Retreat Dates: November 5-7, 2021 Group Leader Name Mary Catherine Sylvester

This form must be completed by all participants who take part in any activities, outings, or services offered by, or at the facilities of, Holy Spirit Ministries, Inc. If a participant is under the age of 19, both the participant and the participant's guardian must complete this release. No participant will be permitted to attend any outing or activity at Holy Spirit Hall and/or Sacred Heart Chapel until this release has been completed.

Waiver and Release from Liability and Indemnity

I agree and, on behalf of my child named herein, or our heirs, successors, and assigns, agree to defend, protect, indemnify and hold harmless Holy Spirit Ministries, Inc., its officers, directors, employees or agents from any claim for illness, injury or death arising from or in connection with myself or my child taking part in any activities, outings, or services offered at the facilities of Holy Spirit Ministries, Inc. I further agree and, on behalf of my child named herein, or our heirs, successors and assigns, agree to protect, defend, hold harmless and fully indemnify Holy Spirit Ministries for any claim or cause of action whatsoever arising out of any activities, outings or services offered at the facilities of Holy Spirit Ministries, Inc. whether such claim arises from the alleged negligence of Holy Spirit Ministries, its employees or agents.

I understand and agree and, on behalf of my child named herein, that Holy Spirit Ministries, Inc., its officers, directors, employees or agents neither assume nor accept no liability for personal injury, loss of life, theft or damage to personal property.

Medical Emergency

In the event of a medical emergency, I understand, and on behalf of my child named herein, understand that the group leader, not Holy Spirit Ministries, Inc., will be responsible for medical care of all attendees. I release, and on behalf of my child named herein, release Holy Spirit Ministries, Inc., from any and all liability related to medical treatment.

Photo/Video Release

I authorize Holy Spirit Ministries, Inc., to publish, copyright, and reuse any photos or videos taken of me or my child by any medium, including electronically on social media or web-based platforms, or additional outlets.

Printed Participant Name _____

Participant Signature _____

Parent or Legal Guardian Name (if participant is under 19) _____

Parent or Legal Guardian Signature _____

Date _____