



Diocese of St. Augustine
Office of Christian Formation

Created for Greatness Retreat

Parent Permission & Release of Liability/Medical & Photo Release

Please print your information:

Full Name _____

Mailing Address _____, FL _____

Phones & E-Mail _____
Home _____ Cell _____ E-mail _____

Age _____ Date of Birth ____/____/19____ Grade _____

Parish _____ School _____

Parent/Guardian _____ Phone _____
(during event)

Parent/Guardian _____ Phone _____
(during event)

Emergency Contact _____ Phone _____
(other than parent/guardian) (during event)

Emergency Contact _____ Phone _____
(other than parent/guardian) (during event)

Physician Name _____ Physician Phone _____

Current Medical Conditions _____

Medicines needed during Retreat (name & daily dose)
1. _____
2. _____
3. _____

Allergy to Food _____

Allergy to Medicine _____

Allergy, Other _____

Last Tetanus Shot Date Approx. ____/____/20____

Activity Restrictions: _____

Health Insurance _____
Company _____ Group # _____ Policy # _____

Adult T-shirt size: Circle one: XS S M L XL XXL

Candidate: I plan to attend the ENTIRE *Created for Greatness* weekend, from/at
(Circle Date/Parish):

October 3-4, 2015 October 24-25, 2015 November 7-8, 2015 November 14-15, 2015
Blessed Trinity St. Elizabeth Ann Seton Most Holy Redeemer St. Madeleine

Candidate's signature _____

For and in consideration of the above child being allowed to participate in this program,

***Created for Greatness Retreat weekend held at host parish,
Saturday 10:00 am through Sunday 3:00 pm***

and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estévez, as Bishop of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I understand that this event has been carefully and professionally planned and it is to be held at the host parish for the entire weekend. I will receive full information regarding regulations and guidelines by mail and will assist in any way possible. I am aware that the young people will be sleeping in assigned sleep groups, separated by gender, with leaders in each group. I fully expect to be notified if my child is disrespectful or uncooperative. I know that great care will be taken and that my child will be offered plenty of good food and rest. My child's pertinent health information is on the reverse of this form.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment.

Child Photography Release Form Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of my child. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as the Catholic Diocese of Saint Augustine from all claims and liability relating to said photographs.

I have read the above and consent to the use of photos of my child being used _____
I have read the above and **DO NOT** consent to the use of photos of my child being used _____

(Parent/Guardian Signature) (Parent /Guardian Name) (Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student Signature (only if 18 years of age): _____

I have included a check for \$40.00 and a completed registration form for each participant.
Be certain front of form is completed