



St. Jude High School Youth Junior/Senior Retreat

July 1-4, 2018 @ Shepherd of the Ozarks (Harriet, AR)

Cost: \$300 (\$50 Deposit)— Deadline June 1

Please return form & payment to St. Jude Youth Ministry Office
972-727-1177 x2228 bhanafin@stjudeparish.com

(Make checks payable to "St. Jude" with "Junior/Senior Retreat" in the memo line)

PLEASE PRINT

YOUTH—Last Name _____ First Name _____ Date of Birth _____ Gender: M or F

Home Address _____ City _____ State _____ Zip _____

Youth E-Mail _____ Youth Cell Phone _____

Participant T-Shirt Size (Adult sizes): S M L XL XXL Other _____

PARENT, GUARDIAN, or CONSERVATOR—INITIAL any that apply **** DO NOT INITIAL ALL AREAS, AS ONE MAY CANCEL OUT ANOTHER****

_____ This child takes no medication and will bring no medication with him/her.

_____ This child takes medication(s) and will self-medicate during designated times. The child will bring all such medications necessary, and such medication will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below, as well as on the medications log:

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communication with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

_____ This child takes medication but is unable to self-medicate. *Child's parent/guardian/conservator will provide all medications, for an adult to dispense.*

_____ I grant permission for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever	Yes _____ No _____	# of tablets per dosage _____
Throat Lozenge	Yes _____ No _____	
Decongestant	Yes _____ No _____	# of tablets per dosage _____
Antacid	Yes _____ No _____	
Antihistamine	Yes _____ No _____	# of tablets per dosage _____
Other _____	Yes _____ No _____	Dosage _____

_____ **No medication of any type**, prescription or nonprescription, may be given to this child, unless emergency treatment is required in a life-threatening case

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N

If so, date and disease or condition: _____

Any other special medical conditions of this youth that we should be aware of? _____



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PLEASE PRINT YOUTH participant Last Name _____ First Name _____

TO BE FILLED OUT BY PARENT, GUARDIAN, CONSERVATOR

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, _____ the parent/guardian/conservator of _____ (child name) grant permission for my son/daughter to participate in all youth activities and functions.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless **St. Jude** and the Roman Catholic Diocese of Dallas, their employees, and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during this formation year noted above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I, _____ am the (initial one) ___ parent ___ guardian ___ conservator of _____ (child name), a minor, and as such do hereby authorize **St. Jude**, their youth ministry leaders, employees, contractors, and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

Insurance Carrier: _____

Policy Number: _____ **Insurance ID Number:** _____

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth (*with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts*), it does encourage parental consent. *Additionally, current video recordings and photographs assist law enforcement agencies dealing with the Missing Children's Program.*

I consent to the use of such materials in which my child may appear. I release the staff and volunteers of **St. Jude** and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

Parent Information:

Printed Name of Parent, Guardian, Conservator _____

Signature of Parent/Guardian/Conservator _____ Date Signed _____

Home Phone Number _____ Mobile Phone Number _____

Address (if different than the child's) _____

Parent E-mail _____

PRINT—Name of Secondary Emergency Contact _____ Mobile Phone Number _____



RELEASE AND INDEMNIFICATION AGREEMENT

To be read and signed by each guest/visitor. Parents must sign for anyone under 18.

Shepherd of the Ozarks is located in the heart of the Ozarks and includes over 420 acres of beautiful woods and streams, waterfalls and caves, bluffs, ponds, natural springs and rolling open spaces. Any of the activities that can sometimes take place at Shepherd of the Ozarks, such as swimming, tubing/floating, fishing, canoeing, hiking or walking, backpacking, exploring caves, picnicking, sightseeing, visiting the petting zoo, horseback riding or petting the horses, Ropes Challenge Courses, Rock Climbing/Rappelling, Paintball, use of personal vehicles and occupying the cabins/lodges offer the possibility for personal injury or accidents for which all visitors must assume responsibility.

Below is a list of a few of the dangers, but in no way includes all of them.

For example, the water is very inviting, but drowning could occur. The creek can flood during hard rains. The bluffs are beautiful, but are deadly if someone should fall from them. Wildlife abounds and is interesting to watch, but animals can bite, skunks can spray, rattlesnakes and other poisonous snakes can be dangerous. The more domestic animals such as horses, goats, petting zoo animals, etc., seem tame but can be dangerous. Individuals can be harmed by falling from the stairs and high decks around the cabins. Ticks can carry Rocky Mountain Spotted Fever or other diseases. All ticks should be removed daily from one's body. Mosquitoes can carry West Nile Virus and other diseases. Roads on the property are gravel and rough, requiring slow and careful driving. Horseback riding can be hazardous and result in death or serious injury because horses can be unpredictable in their behavior, even with the most experienced of riders. Helmets are provided and recommended. Also, four-wheeler riding (if available) can be hazardous and can result in death or serious injury.

All visitors assume full responsibility for their safety in the above-mentioned dangers as well as the many dangers not specifically noted. Shepherd of the Ozarks carries no accident or health insurance on guests and visitors and accepts no responsibility or liability.

In connection with the lease of the property from Shepherd of the Ozarks, SOTO Ministries, Pinnacle Acquisitions, James L. and/or Michelle A. Miller and co-lessor(s) described therein, I hereby agree and covenant as follows, in consideration of the lease and the promises therein, the receipt and adequacy of which I hereby acknowledge:

1. Hereby to release and discharge lessors jointly and severally from, and to waive any and all causes of action, suits, claims, demands, rights, actions, judgments, and executions (including all damage and torts) in connection with said lease, the property, and the activities.
2. Hereby to indemnify, hold harmless and defend lessors from any and all causes of action, suits, claims, demands and torts, rights, actions, judgments, and executions (including all damage and torts) in connection with said lease, the property, and the activities, if brought by any lessee that I permit on the property during my lease or their legal representatives, spouses, heirs, or estates.
3. Hereby to covenant never to institute any suit or action at law or equity, not institute, prosecute, or in any way aid in the institution thereof, for damage, against any or all of the lessors in connection with said lease, the property and the activities. I hereby agree that this instrument may be treated as a defense to any lessees or in their behalf against lessors jointly and severally, and shall forever be a complete bar to the commencement and prosecution of any such or proceeding whatever, on account of damage to lessees.
4. Not to permit any guest to enter the property, or engage in the activities unless such guest has signed this release. I hereby acknowledge that NO PERSON HAS MADE ANY

WARRANTY, WHETHER EXPRESS, IMPLIED OR OTHERWISE WITH RESPECT TO THE SUBJECT PROPERTY OR ACTIVITIES, OR ANY OTHER REPRESENTATION WITH RESPECT THERETO. I HEREBY ACKNOWLEDGE THAT THE ACTIVITIES ARE INHERENTLY HAZARDOUS ACTIVITIES, AND THAT I AM ASSUMING ALL RISK VOLUNTARILY IN CONNECTION WITH THE PROPERTY AND THE ACTIVITIES.

5. As used herein, "lessors" shall mean Shepherd of the Ozarks, SOTO Ministries, Pinnacle Acquisitions, James L. and/or Michelle A. Miller and any co- lessor(s), the spouses thereof, the legal representatives and the businesses thereof;; "activities" shall mean any and all use by vehicles, of the buildings, and all other activities in connection therewith;; "lessee" shall mean the undersigned, the spouse thereof, the children thereof whether minor or adult, the invitees, and other guests thereof whether minor or adult, and other users in connection therewith;; "damage" shall mean any past, present, or future damage, costs, compensation, or loss of services for or on account of, any damage, loss, injury or death, to person or property or both, past, present or future.
6. This release may be amended only in writing signed by the undersigned parties. It binds and benefits the heirs and estates of the parties, but may not be assigned. It is governed by Arkansas law. Its terms are severable. Its rights and remedies are not waived by exercising any oral statements. It is effective as soon as the release is signed by Lessee and /or when Lessee first enters the property whichever occurs first and supersedes any oral statements. Lessee executes this release on behalf of itself and on behalf of its minor children (whether or not adopted) as legal guardian and next of kin.

NO PETS, ATVS, ALCOHOLIC BEVERAGES, ILLEGAL DRUGS, SMOKING, OR WEAPONS OF ANY KIND INCLUDING PAINTBALL MARKERS ARE ALLOWED ON SHEPHERD OF THE OZARKS PROPERTY.

Note: All guests/visitors must sign this release prior to occupying cabins or lodges or engaging in any activities. Parents or legal guardians must also list children under eighteen years of age.

Signature of Guest/visitor (Lessee) Date

Signature of Parent or Legal Guardian (If guest/visitor is under age 18) Date

Please Print First and Last Name As Signed Above

Please list Children under eighteen years of age below: