

St. Mary's Faith Formation Office Confirmation Retreat

Date/Time: Sunday, June 24, 2018

Enrollment Mass at St. Mary's: 10:00 am

Arrive at Villa Maria Convent following Mass; depart by 5:00pm

Supervision: Director of Faith Formation

Location: Villa Maria Convent, 600 Doat St., Buffalo (entrance is on Pine Ridge Rd.)

Transportation: Will not be provided. Please make arrangements for drop off and pick up.

Participant Name: _____

Parent Home & Cell #'s: _____

Other (non-parent contact) name/number: _____

Medical Conditions to be aware of: _____

Doctor Name & #: _____

Date of Birth: _____

The undersigned do hereby release, forever discharge and agree to hold harmless The Diocese of Buffalo, and St. Mary of the Assumption Parish from and against any and all liability, claims, demands, lawsuits and expenses of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is 18 or under, 18 or older) while attending the Confirmation Retreat.

The undersigned further agree to indemnify and hold The Diocese of Buffalo, St. Mary of the Assumption, and its respective members, directors, employees, volunteers and agents (collectively, the "Indemnities,") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

I hereby give permission to St. Mary of the Assumption Parish and its respective staff and adult volunteers to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I (we) assume all responsibility and transportation costs. This authorization also permits my youth to receive such treatment only after such a reasonable effort has been made to reach me. Further, should it be necessary for all participants to return home due to medical reasons, disciplinary action, or otherwise, I (we) assume all responsibility and transportation costs.

In signing this I am granting my youth permission to participate in the Confirmation Retreat. *In signing this I understand that I am responsible for transporting my son/daughter to and from the event.* As well I am aware of the rules and responsibilities that my son/daughter is expected to uphold and respect.

Photography/Video Release

I _____ parent/guardian of _____ understand my son/daughter's photograph and/or likeness and name may be used in a future promotion by St. Mary of the Assumption Parish, whether that be a parish publication, website, or video publication.

Parent Signature: _____ **Date:** _____