



St. Mary's Faith Formation Office

2024 Confirmation Retreat

Date/Time: Saturday, June 15, 2024 at St. Mary of the Assumption
Begins: 1:00 pm
Enrollment Mass 7:00-8:00 pm
(bring camp chairs – Mass is outdoors weather permitting)
Ends: 8:00 pm
Parents and sponsors are invited to attend the Mass at the close of the retreat.

Supervision: Director of Faith Formation, Becky Hoag

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 that may be incurred or suffered by the undersigned and/or participant (if the participant is 18 or under, 18 or older) while attending the Confirmation Retreat.

The undersigned further agrees 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 the participant is 18 or under, 18 or older).

I hereby permit St. Mary of the Assumption Parish and its respective staff and adult volunteers to take the 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.

****Parent Signature:*** _____ ***Date:*** _____

**By signing this registration form, you agree that any photographs may be used in the parish or Beloved Disciples of Christ the Lord Family written or electronic publications (bulletin, newsletter, magazine, website, social media -Facebook, Twitter, Instagram, YouTube).*
If you DO NOT want to have photos included in St. Mary's &/or BDCL Family publications, initial here:
