



PERMISSION FORM
Christian Awakening Retreat Participant
2021-2022

I request that Saint Xavier High School allow my son/ward, \_\_\_\_\_, student ID \_\_\_\_\_, to participate in the voluntary retreat named below.

St. X will be providing transportation for this event via school bus, to and from the retreat center.

RETREAT NAME AND DATE: Christian Awakening Retreat on \_\_\_\_\_, held at facilities of

\_\_\_ Mount St. Francis, 101 St Anthony Drive, Mt. St. Francis, Indiana 47146: Sep 30-Oct 3, Oct 19-22, Jan 20-23, Feb 8-11

\_\_\_ Saint Meinrad Archabbey, 200 Hill Rd, St Meinrad, IN 47577: Nov 9-12, Mar 22-25, Apr 19-22

RELINQUISHMENT OF CLAIMS AGAINST SAINT XAVIER HIGH SCHOOL

To the fullest extent allowed by law, I/We recognize and acknowledge that there are risks associated with my child's/ward's presence and participation in the school sponsored activity, including, but not limited to, exposure to COVID -19. I agree to indemnify, hold harmless, waive and relinquish any and all claims for illness, personal injuries or property damage I or my son/ward may have against Saint Xavier High School and its officers, agents, employees, representatives or volunteers arising out of, or in connection with the activity in which my child/ward participates, including claims for negligence against Saint Xavier High School.

PERMISSION FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT

In case of any medical emergency, I authorize Saint Xavier High School agents, employees, representatives or volunteers to determine, arrange for, or provide appropriate transportation to a medical facility. I understand that every effort will be made to contact the parent or guardian of the child in need of medical care. In the event that I cannot be reached, I hereby give permission to the physician or other health care provider to secure any and all treatment deemed necessary for the wellbeing of my child/ward.

Parent/guardian name, print Parent/guardian signature Date

Emergency contact information:

mother: day phone cell phone evening phone

father: day phone cell phone evening phone

Insurance information:

Insurance Carrier name Member name Member ID Group ID

You have my permission to give my son/ward ibuprofen pain reliever (common brand, Advil) if requested. (circle one) Yes / No

You have my permission to give my son/ward acetaminophen pain reliever (common brand Tylenol) if requested Yes / No

Parent(s), please list any medical conditions that you would like the retreat director to be aware of while your son is on retreat. Include any allergy information. All prescription medications must be in its original packaging.

WAIVER AND RELEASE FROM LIABILITY

The undersigned acknowledges for himself/herself and their student that participation in retreats conducted by Saint Xavier High School ("St. X") is completely voluntary. Further, the undersigned acknowledges that he/she has discussed with the student the risks of being exposed to COVID-19 by voluntarily participating in St. X retreats whether on campus or at other locations, and that he/she and the student nevertheless freely choose to allow such participation and hereby assume any and all risk that the student and/or the undersigned may be exposed to COVID-19 at any St. X retreat event and/or meeting, or any other gathering sponsored by or under the supervision of St. X.

The undersigned further acknowledges that at any of the above-described retreat events or gatherings, I or my student may suffer illness, including, but not limited to, COVID-19, personal injury, disability, pain and suffering, death, damages and/or losses. **I, INDIVIDUALLY AND ON BEHALF OF MY STUDENT, HEREBY FREELY, VOLUNTARILY AND EXPRESSLY WAIVE, RELEASE, DISCHARGE, INDEMNIFY AND AGREE NOT TO SUE ST. X, ITS EMPLOYEES, REPRESENTATIVES OR AGENTS, AND HOLD THEM HARMLESS FROM ANY NEGLIGENCE ON THE PART OF ST. X, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS CAUSING ANY ILLNESS, PERSONAL INJURY, DISABILITY, PAIN AND SUFFERING, DEATH DAMAGES, LOSSES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES RESULTING FROM EXPOSURE TO COVID-19 WHICH MAY ARISE, DIRECTLY OR INDIRECTLY, FROM THE STUDENT'S PARTICIPATION IN ANY ST. X RETREAT PROGRAM, OR ANY OTHER GATHERING SPONSORED BY OR UNDER THE SUPERVISION OF ST. X.**

I have had reasonable opportunity to read and understand this Waiver and Release from Liability and consult with legal counsel or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all of the terms set forth herein.

STUDENT'S NAME: \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN(S) NAMES: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

PARENT(S)/LEGAL GUARDIAN(S) SIGNATURES: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

**Participant Liability Release**  
**Mount St. Francis Center for Spirituality**



The Mount Saint Francis Center for Spirituality will continue offering overnight retreats. Beginning September 1, 2021, we have reinstated requiring this Covid Waiver signed by all retreatants. Due to the unprecedented widespread transmission of COVID-19, gatherings present a risk for increasing the spread of the virus. To mitigate risk, the Mount Saint Francis Center for Spirituality is reinstating the following protocols based on the Center for Disease Control recommendations under the guidance of our COVID-19 Response Committee.

Mount St. Francis Center for Spirituality has instituted policies to reduce the risk of coronavirus, such as enhanced cleaning of common areas, the wearing of masks to mitigate the spread, and other measures to protect participants; however, even with these measures, we cannot guarantee that the virus can be contained. In addition, any exposure to others currently carries with it the risk of infection. Therefore, by signing this Liability Release, you are acknowledging that the risk is present, you have read and understand, and agree to the following:

- You agree to wear a face mask at all times when you are gathered indoors with others, except when eating, drinking, or exercising.
- You agree to wash your hands frequently and avoid touching your eyes, nose, and mouth with unwashed hands.
- You agree to cover your cough or sneeze with a tissue and then throw that tissue into the garbage afterward.
- You agree to maintain a 3-foot distance from other people during the retreat.
- You affirm that you are free from symptoms of COVID-19, such as fever, cough, shortness of breath, sore throat, headache, muscle pain, chills, repeated shaking with chills, or loss of taste or smell.
- You agree to reaffirm each day you are here that you are free from symptoms of COVID-19 or to have your temperature taken upon request.
- There is an increased risk to people you are in regular contact with after the retreat. Therefore, you agree that if you are in close contact with a vulnerable individual, you will indemnify, defend, and hold harmless Mount St. Francis Center for Spirituality, Our Lady of Consolation Province, and its volunteers, employees, and managers any harm that results from that contact.
- You agree to indemnify, defend, and hold harmless Mount St. Francis Center for Spirituality, Our Lady of Consolation Province, and their respective volunteers, employees, and managers if you contract this virus as a result of this gathering.
- You agree that if you become ill during your gathering with symptoms of COVID-19, your retreat leader and Mount St. Francis Center for Spirituality may isolate you in your room and seek appropriate medical attention on your behalf at your expense.
- You agree that your retreat leader and Mount St. Francis Center for Spirituality can ask you to leave or find a safe way to transport you home if you do not adhere to any of the social distancing requirements listed above, if you engage in other behavior not listed above that is deemed to endanger others with the possibility of infection, or if you become ill with COVID-19 symptoms not requiring immediate medical attention during your gathering.

Name of your group \_\_\_\_\_ Date of Retreat \_\_\_\_\_

Print name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature indicating agreement to the above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature for Student (age 18 and under)

\_\_\_\_\_  
Date