

The Ordinary Made Extraordinary

High School Retreat at Camp Maria
Monday August 15 – Wednesday, August 17, 2022

Retreat Permission Form

Student Name (“Participant”): _____ Date of Birth: _____

Parent’s Name: _____ Student’s cell #: _____

Home address: _____

Home Ph: _____ Parents’ Cell #: _____

In the event of an emergency, if you are unable to reach a parent, please contact:

Name & Relationship: _____ Ph: _____

I understand that Bread of Life Center for Peace does not provide insurance for Participant during activities related to this camping trip/retreat. This is my sole responsibility as the parent/legal guardian. If I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with the standard medical practice by licensed medical personnel. **Check one of the following:**

I am covered by hospitalization and medical insurance under policy # _____ issued by _____ (please update as necessary)

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to Participant as requested by Participant (**X out Meds you do not want administered**):

Tylenol Benadryl Advil Sudafed Midol Neosporin Pepto Bismol

Please add any other medical information concerning medication, allergies, illness, OR DIETARY RESTRICTIONS, etc. on back of this form and check this box to indicate that you’ve done so.

As a participant of this event, I agree to behave appropriately and participate fully in this retreat. If I am 18 or older, I agree by signing below to allow photographs or videotape of participants to be used in publications, websites or other materials produced from time to time by Bread of Life Center for Peace. (Participants would not be identified, however, without specific written consent.)

EmployeeSignature: _____ Date: _____

If Participant is a minor, A Parent/Guardian’s signature is also required

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Bread of Life Center for Peace, its employees, officers, directors and agents, and the, chaperones, or representatives associated with the event (collectively referred to herein as the “Ministry”), from any liability arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Ministry for reasonable attorney’s fees and expenses arising in connection therewith.

Participant and Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by Bread of Life Center for Peace. (Participants would not be identified, however, without specific written consent.) Participants and Parents/guardians who do not wish their child to be photographed or filmed should notify the Ministry in writing. Please note that the Ministry has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

Participant or Parent Signature : _____
(If participant is a minor, parent signs. If participant is 18 or older, employee signs)

Date: _____