

**RELEASE AND CONSENT FORM
JOURNEY RETREAT #45 WEEKEND**

PARENT (please type or print)

I, _____, (Parent [] Legal Guardian []) undersigned, give my permission for my son/daughter _____ to attend the Journey Retreat Weekend to be held at the Emmanuel Retreat Center in Glenmont, NY from **Thursday evening November 6, 2008 to Sunday evening November 9, 2008** and if needed to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel.

I relieve the parish of _____ and the Diocese of Albany and the Emmanuel Retreat Center Community and the Journey Retreat Program of all responsibility and consequences which may arise as a result of this treatment.

I will not hold the above parish, nor the Diocese of Albany, the Emmanuel Retreat Center Community, chaperones, Spiritual Directors or representatives associated with the retreat responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by the above parish, the Diocese of Albany, the Emmanuel Retreat Center Community and the Journey Retreat Program. I understand that neither the above parish nor the Journey Retreat Program will be held liable if my child fails to cooperate with said regulations and that any infraction of the rules may result in immediate dismissal from the Journey Retreat Weekend. I further understand that I will be responsible for any costs of other requirement for immediate transportation home.

YOUTH

As a member of the above parish, I _____, understand and agree to the rules and regulations as determined by the Diocese of Albany, the parish, the Emmanuel Retreat Center Community and the Journey Retreat Program. I also understand and agree that I will notify my parents/guardians at the time of any infractions requiring my dismissal from the Retreat weekend and that I will be sent home at my own and/or my parent's/guardian's expense.

Signature of Parent/Guardian

Date

Signature of Youth Participant

Date

NOTE: Please also complete the information on Page 2

**RELEASE AND CONSENT FORM
JOURNEY RETREAT WEEKEND**

Thank you for taking the time to complete this page.
It will help to ensure the safety of your son or daughter.

YOUTH'S MEDICAL INFORMATION:

Allergies _____

Required Medications _____
(please include dosages, frequency, etc.)

Special Medical Conditions _____

Special Dietary Considerations or Restrictions:

Date of Last Tetanus Booster _____

INSURANCE INFORMATION:

Insurance/Carrier Name _____
Policy Number/Group Number _____

Name of Primary person on Insurance _____

IN CASE OF EMERGENCY, CONTACT ME AT:

Home Phone _____ Work Phone _____

Cell Phone or Pager _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT:

Name _____ Phone _____

OR

Name _____ Phone _____