DIOCESE OF ORANGE
MINOR PERMISSION AND LIABILITY RELEASE FORM

ACTIVITY: BELOVED - Confirmation 1 Retreat * Santiago Retreat Center

DATE & PLACE: Fri 3/28/25 - Sun 3/30/25 * 27912 Baker Canyon Rd, Silverado, CA 92676

SCHOOL/PARISH: Blessed Sacrament Church * Faith Formation

STUDENT/MINOR PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ **CHECK ONE:** ___**FEMALE** ___**MALE**

STUDENT'S CELL PHONE: _____ **SHIRT SIZE: YXL AS AM AL AXL AXXL**

PARENT/GUARDIAN NAME(S): _____

HOME ADDRESS: _____

MOTHER'S HOME/CELL PHONE: _____ **FATHER'S HOME/CELL PHONE**: _____

EMERGENCY CONTACT

NAME: _____ **PHONE:** _____ **RELATION:**_____

MEDICATION *During the above named activity, my child has my permission to take the following:*

Choose at least one:

□ My child will be taking a prescription medication.
Name of medication:_____Dosage:_____Times per day:_____

□ My child will be taking a non-prescription medication.
Name of medication:_____Dosage:_____Times per day:_____

□ My child will not be bringing any medications, but I authorize, if needed, school/parish/diocesan staff to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: _____

I, _____ grant permission for my child, _____
Parent or Guardian's Name **Child's Name**

to participate in this school/parish/diocesan event. This activity will take place under the guidance and direction of school/parish/diocesan employees and/or volunteers from Blessed Sacrament Church * Faith Formation
Name of School/Parish

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.
I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Blessed Sacrament Church * Faith Formation, its officers, directors, employees and agents, and the Diocese of Orange, its
Name of School/Parish
employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Orange, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Orange.

I authorize the making of photographs, motion pictures, video tapes, recordings or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

CANDIDATE BEHAVIOR AGREEMENT

To be filled out by the Confirmation Candidate (teen) with their family

Hey teens! We're excited to spend this time with you! It's going to be a great time if we all agree to a few things. It's important you know and understand these rules. ***We're asking you, the Confirmation Candidate to promise three basic things during this time: RESPECT, SAFETY, OPENNESS.***

RESPECT ☐ *Teen Initial Here*

I will show RESPECT for:

- **others** including the leaders and the other participants.
- **the retreat site,** the facilities we're using and the property of others.
- **the rules** of the retreat, as I understand this is what will help us have a good experience.

SAFETY ☐ *Teen Initial Here*

I will remain SAFE by:

- **not bringing anything illegal or immoral.** This includes weapons, drugs, alcohol or drug paraphernalia. This also includes anything related to vaping, cigarettes and marijuana.
- **checking in all medication** with the team upon the start of the retreat.
- **informing leaders of any safety issues** during the retreat. If I see any other retreat participant doing something unsafe, I will bring this up to an adult leader.
- not engaging in any kind of romantic and/or sexual behavior.
- **not bringing anything I'm not supposed** to on retreat. If anything significantly problematic is found in my possession at any time, I understand that **I will be asked to leave the retreat immediately** and not receive the Sacrament of Confirmation this year.

OPENNESS ☐ *Teen Initial Here*

I will be OPEN to this experience by:

- Listening to others, especially those in my small group.
- Following the instructions of the retreat, especially in regards to meeting times and activities.
- Not bringing anything on this retreat that will take me away from the retreat experience, like homework or technology especially laptops, iPads/tablets, smart watches, portable speakers, or similar technology items.
  - *Cell phones are allowed on site, but will not be allowed outside of the cabin.*

PRINTED NAME OF TEEN:

TEEN SIGNATURE:

THANKS SO MUCH! WE'RE GOING TO HAVE A GREAT TIME!