



# ARCHDIOCESE OF LOS ANGELES



## Hrsj Life Teen PARISH RETREAT PERMISSION FORM

*No student may attend this field Retreat without this signed parent permission form  
Permission by parents may not be given over the phone*

High school students of grades 9-12 will be taken to our  
**Hrsj Life Teen Retreat**  
**Feb 7-9, 2020**

**@ Mt. Cragg Christian Conference Center**

Parents will drop there teens off and pick up teens at **St. James Hall**  
Teens will be asked to be dropped off Friday afternoon later than **4:00pm** and  
Picked up Sunday afternoon after St. James 11:30 Mass  
**Chaperones will be present at this Retreat.**

### OBJECTIVES OF RETREAT

**To build unity and fellowship among our teens and core group,  
In a positive setting and environment.**

I request that my son/daughter be permitted to participate in the Hrsj Life Teen Retreat. As a condition of being allowed to do so, I hereby, release and discharge the Parish from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the field trip described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Parish or its employees. Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the Parish personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the Parish personnel to render medical treatment deemed necessary and appropriate by a Physician. I agree to relieve the Parish and other participating adults from any liability in connection with this request.

*I understand that my insurance benefits that are effective have limited application.*

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone or emergency contact number