

# OUR LADY OF GRACE CHURCH

2766 Navajo Road El Cajon, CA 92020 (619) 466-5451

Your son/daughter, guardianship, is invited to participate in an OLG High School Youth Ministry Event sponsored activity at a location away from the parish site. This activity will take place under the guidance and supervision of employees & chaperones from Our Lady of Grace. A brief description of the activity follows:

<i>Event / Destination:</i>	<b>Fall Retreat YMCA Camp 560 Silver Strand Blvd., Chula Vista, CA</b>
<i>Designated Supervisor of Activity:</i>	<b>Doris Hertzig, Youth Minister</b>
<i>Date / Time of Event</i>	<b>Friday October 25, 2024 @ 4:30 p.m. – Sunday October 27, 2024 @ 11:30 a.m.</b>
<i>Method of Transportation:</i>	<b>Parent must provide transportation to and from event</b>
<i>Attire:</i>	<b>See Dress Code on Packing List</b>
<i>Youth Should Bring:</i>	<b>Camp Store open during free time. Optional-Bring \$\$</b>

**Complete & Turn in with Registration Form**

## **PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER**

### **OLG Youth Ministry High School Youth Event**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Sex: M / F

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent/Guardian Name – Please Print Participant Name – Please Print

to participate in this OLG Youth Ministry event that requires transportation to a location away from the parish site.

As a parent and/or 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 Our Lady of Grace Parish and the Roman Catholic Bishop of San Diego, and their respective clergy, its officers, directors, 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 Our Lady of Grace Parish, its officers, directors and agents, and the Roman Catholic Bishop of San Diego, and their respective clergy, its employees and agents and chaperones, or representatives 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 Our Lady of Grace Parish or the Roman Catholic Bishop of San Diego.

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

\_\_\_\_\_  
Date