



**Campus Ministry: Junior Kairos Retreat 155**  
Leaves Monday, April 4 returns Thursday, April 7, 2022 at 5:45 pm

**Parent Permission Form and Waiver of Liability and Assumption of Risk Agreement**

I, the undersigned parent or legal guardian of: \_\_\_\_\_

1. Give permission for my child to attend and participate in all activities associated with this retreat. This includes transportation via employee-driven, Jesuit owned or rented van or contracted charter bus supplied by Jesuit High School, to and from the Jesuit Retreat Center of the Sierra in Applegate, California, and sleeping over at the center.
2. Certify that my child has no health problems that would adversely affect his participation in this activity. I list below any physical or medical problems that the supervising staff should know about such as food allergies, asthma, prescriptions, etc.

\_\_\_\_\_

3. Authorize and consent to any medical treatment that may be required in my absence, including x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the supervising staff deems necessary for the safety and protection of my child. I understand that any costs incurred as a result of illness or injury will be my responsibility.

Medical Insurance Carrier \_\_\_\_\_ Group# \_\_\_\_\_

Medical Record# \_\_\_\_\_

4. I also understand that for my son to participate on the Kairos Retreat, he either needs to have proof of a Covid vaccination or a negative Covid test the day before leaving for Kairos.
5. Acknowledge that despite the most careful planning and supervision, serious injuries can occur during the participation in activities or transportation associated with this activity. Mortal or serious personal injuries, property damage, or severe social and economic loss as a consequence of not only their own actions, inactions or negligence, but the actions, inactions or negligence of others, or the condition of equipment used, is possible. There may be other risks not know to me or not reasonable foreseeable at this time.
6. Authorize the supervising employees and adult agents of Jesuit High School to enforce the rules outlined in the Jesuit High School Student-Parent Handbook. Any violation of these rules may result in the student being asked to leave Kairos. Should the student be asked to leave, I understand that I will be notified and required to personally travel to him, at my own expense, and escort him home.

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Waiver of Liability:**

1. Release, waive, discharge and promise not to sue Jesuit High School of Sacramento, its trustees, officers, employees, and agents, from all liability from any and all claims, including the negligence of the school, resulting in personal injury (including death), accidents or illnesses, property loss, and any of the above risks mentioned associated with this activity.
2. I further agree that this Waiver of Liability and Assumption of Risk is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.
3. No student will be permitted to attend/participate unless this form is completed and signed.

**Acknowledgment of Understanding:** I have read this Waiver of Liability and Assumption of Risk Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing the agreement freely and voluntarily, and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Printed Name of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Should the need arise to contact your son during the retreat, please make note of the following:**  
Jesuit Retreat Center of the Sierra, 1001 Boole Road, Applegate, CA 95603 Telephone: 530-878-2776

**CAMPUS MINISTRY - KAIROS 155**

Leaves Monday, April 4<sup>th</sup> and returns Thursday, April 7th, 2022 at 5:45 pm

**Parents:** Please read and complete **BOTH PAGES** of this form.

If you have any questions, please call Mr. LeBoeuf at 480-2192

**Please print a response to all 5 of the following, even if some do not apply:**

1) Student's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

2) Father's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_ @ \_\_\_\_\_

3) Mother's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ @ \_\_\_\_\_

4) Male Stepparent (**please print "Not Applicable" if there isn't one**)

His Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ -

Email Address \_\_\_\_\_ @ \_\_\_\_\_

5) Female Stepparent (**please print "Not Applicable" if there isn't one**)

Her Name \_\_\_\_\_

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

Email Address \_\_\_\_\_ @ \_\_\_\_\_