

Youth Retreat Registration Form (page 2)

Please read the paragraphs below and sign the consent and/or responsibility waiver. This is necessary not only for your teenager to attend the Youth Retreat, but also for us to operate the retreat.

The person herein described has permission to engage in all retreat activities except as noted. I hereby give permission to the Serbian Orthodox Church in North and South America to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Serbian Orthodox Church in North and South America to arrange necessary related transportation for my teenager. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Serbian Orthodox Church in North and South America to secure and administer treatment, including hospitalization, for the person named above. I understand that my insurance coverage for my teenager will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by the Serbian Orthodox Church in North and South America and its agents during the retreat. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Thomas University and the Serbian Orthodox Church in North and South America, their clergy, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

I hereby give my permission to take field trips while attending the retreat.

I agree that my teenager will abide by all the rules and guidelines set forth by the Serbian Orthodox Church in North and South America for the safety and good health of the retreat participants. I also agree that if my teenager has to return home due to discipline violations, it will be at my own expense.

I agree to indemnify and hold harmless, St. Thomas University and the Serbian Orthodox Church in North and South America, their clergy, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. I hereby agree to indemnify and hold harmless the Serbian Orthodox Church in North and South America, their clergy, officers, directors, employees, staff, and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my teenager or on my behalf or on my teenager's behalf or by anyone else as a result of any accident or injury occurring to me or my teenager.

I give permission for my teenager to participate in all retreat activities, except the following (please list reason for each activity denied): _____

The health history provided above is correct and complete as far as I know. The person herein named has permission to engage in all retreat activities except as noted.

It is my intention that the Serbian Orthodox Church in North and South America be treated as acting in loco parentis if the person herein named is a minor. Further, it is my protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR 164.510 (b)) to the disclosure to retreat representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the retreat representatives related to the person's ability to participate in retreat activities; and (ii) in the case of minors, to provide relevant information to the retreat representatives to keep me informed of my teenager's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the retreat coordinators to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of the retreat.

Participant Initial Here: _____

Parent Initial Here: _____