

Radix High School Retreat Consent/Waiver Form

Thank you for allowing my son/daughter, _____, the opportunity to participate in Radix. In consideration for the numerous intangible spiritual and personal benefits which will be received from this opportunity, I hereby offer the following:

I give permission for my son/daughter to participate in the Radix retreat at St. Thomas More Center and I hereby waive the Diocese of Des Moines, St. Thomas More Center, and all staff and volunteers from any and all liability for accident or injury which might occur to my child anytime during the Radix retreat and/or during transportation to/from the weekend.

I understand that first aid treatment will be offered in case of injury or illness and if serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious injury or illness attempts will be made to notify me. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I furthermore understand that I am responsible for any doctor, hospital, and/or ambulance fees arising from the treatment of my child.

In addition, despite the Radix weekend including COVID-19 prevention protocols such as mandated masks and social distancing, I understand and accept the potential risk of my son/daughter contracting COVID-19 from contact at this event, and agree to protect, defend, hold harmless and fully indemnify the Diocese from said contraction.

Name of Retreat Participant: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Photo Release: I hereby authorize the Diocese of Des Moines and its agents to utilize my child's photographic image for the specific purpose of publication of promotional material and the Diocese of Des Moines website. I understand that I will receive no compensation, should any photograph of my child be used.

_____ Yes _____ No