

YOUTH ENCOUNTER

WAIVER

I hereby allow my child, _____ to join
The Diocese of Trenton Outreach sponsored Youth Encounter Retreat

To be held on July 24, 25 & 26, 2009 at the Shrine of Our Lady of
Czestochowa / Ave Maria Retreat House in Doylestown, PA. In doing so,

I hereby release BLD - Diocese of Trenton any liability due to any
unforeseeable circumstance that may arise and which is beyond the
control of those who have been given the responsibility to oversee the
scheduled activities during the weekend retreat.

In case my child needs medical attention, we authorize the BLD medical
doctor on duty to dispense medication.

Signed By:

Print Name:

(Parent or Guardian)

Please list if there are any drug or food allergies. If none please write
N/A on the space provided below.

Allergies: _____