

YOUTH ENCOUNTER NO. 8

WAIVER

I hereby allow my child, _____, to join The Diocese of Trenton Outreach sponsored Youth Encounter Retreat No. **8**. To be held on **June 25, 26 & 27, 2010** at the Radisson Hotel in Carteret, NJ. In doing so, I hereby release BLD - Diocese of Trenton of 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.

Parent or Guardian:

Signature

Date:

Print Name:

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

Allergies: _____