



ON LOCATION!



SPY EDGE WINTER RETREAT

January 7th—8th

Cost:\$60 if you register by December 12th

After that, the cost jumps to \$85!



Have you ever wanted to travel the world and see the amazing leaning tower of Pisa? Or the majestic Great Pyramids? What about hang out with some awesome penguins in Antarctica? Well, pack your bags and grab your passport because we're going "On Location!" to these amazing places and more for the EDGE retreat! Plus, you'll learn about how much God loves you! You'll also get the chance to:



- **Eucharistic Adoration and Confession:** Powerful prayer time with the Lord.
- **Snow Tubing at Ski-Liberty!:** On this retreat, you will get the chance to go to "Antarctica" and snow tube for 2 hours!
- **Relevant Keynote Talks and Breakout sessions:** Talks that speak right where you are in your walk of faith and help you to grow spiritually!
- **Live Music:** Once Jacob, an alternative Christian rock band will be with us all weekend! Checkout their music at: www.myspace.com/oncejacob
- **Wild and Amazing Games:** Ever play "What's that in my sause?" How about "Statue of Liberty Ring Toss"? Or what about a global scavenger hunt? Don't miss it!
- **Small Group Time:** Deep small group questions to help you grow in your faith.
- **A Gift for coming!:** Everyone attending will receive a gift!



ON LOCATION!

NAME:_____

ALLERGIES/DIETARY NEEDS:_____

ADDRESS:_____

E-MAIL ADDRESS:_____

PHONE NUMBER:_____

TEE-SHIRT SIZE:_____

ST PETER THE APOSTLE CATHOLIC CHURCH PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address _____ City/State/Zip _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: **the Bellarmine Retreat Center on January 7th and 8th**

I/we acknowledge receipt of the enclosed information describing the planned activities: keynote talks, breakout sessions, live music, small groups, Confession, Adoration, snow tubing, skits, ultimate Frisbee, scavenger hunt and group free time.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Peter's Roman Catholic Church in Libertytown Maryland, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

☐ I am covered by hospitalization and medical insurance under policy # _____ issued by _____

☐ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply:)

☐ Tylenol ☐ Benadryl ☐ Advil ☐ Sudafed ☐ Midol ☐ Kaopectate ☐ Neosporin ☐ Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc. _____

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

**BOULDER RIDGE, WHITETAIL ADVENTURE & CANNONBALL RUN TUBING
RELEASE & ASSUMPTION OF RISK AGREEMENT**

NAME: _____

Please Print

DATE: _____

Tubing Date

ADDRESS: _____

E-MAIL: _____

GROUP NAME (if applicable): _____

NOTICE OF RISK

I, the undersigned, do hereby understand and agree that the recreational sport of snow tubing contains inherent and other risks that could lead to serious injury or death. These risks include, but are not limited to, falling out of the tube, traveling at various rates of speed, collisions with other tubes, tubers, or spectators, collisions with man-made objects, such as: fencing, snowmaking and grooming equipment; collisions with natural objects, collisions with associated equipment, variations in terrain and steepness of terrain, varying surface conditions such as; ice, ice chunks and wet or slushy snow, slippery walking surfaces, and the use of the tubing lifts.

I further agree to inspect the tubing area, tubing slope, tubes and all associated equipment prior to any use of the same. I agree to read, understand, follow or ask for explanation of all the rules, policies, and tubing responsibility codes that are posted at the tubing area. I understand that I can ask for and will receive instructions on the use of the tubing slope and the tubing lift prior to any use of the same. I further understand and agree that my minor child must be a minimum of five years old in order to use the main tubing slope.

I accept for use, AS IS, the tubing area including the tubing slope, tubing lift, tubes and other associated equipment.

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all of the risks involved, **I hereby agree to expressly and voluntarily accept and assume all risks involved in the sport of snow tubing.**

RELEASE OF LIABILITY

In consideration of being allowed to use the tubing area at Liberty, Whitetail or Roundtop, **I HEREBY AGREE NOT TO SUE AND TO RELEASE, SKI LIBERTY OPERATING CORP., WHITETAIL MOUNTAIN OPERATING CORP. AND SKI ROUNDTOP OPERATING CORP., AS WELL AS THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO INJURY, PROPERTY LOSS OR OTHERWISE RELATED TO MY USE OF THE TUBING FACILITY, REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE SAME. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM FOR LIABILITY RELATED TO INJURY AS A RESULT OF MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE, RECKLESSNESS OR IMPROPER CONDUCT.**

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of the County in which the incident occurred or in the United States District Court for the Middle District of Pennsylvania. Further, this agreement is governed by the applicable laws of the state of Pennsylvania. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

If I do not agree with the above, I will not use the tubing facility.

I, the undersigned have read, understand and agree to be legally bound by the above release agreement.

Tubing participant signature: _____ Date _____

(If a minor (under 18), the signature of a parent or guardian is required)

Parent or Guardian Signature: _____ Date _____

(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)