



St Mary Coptic Orthodox Church
 East Brunswick, New Jersey
7th Grade Boys Retreat
Permission Slip



Location: St Mary Community Center, Corpus Christi Retreat Center
 80 David Street South River, NJ 08882
Date & Time: Drop off: **Friday September 6 @ 6:30 PM**
 Pick up: **Sunday September 8 @ 11:00 AM**
Cost: \$65 – Please bring money AND BOTH forms signed.

Please bring your Bible, Agpeya, Tonia, clothing, toiletries, and towel
NO CELL PHONES OR ELECTRONICS ARE ALLOWED ON THE RETREAT

I hereby give permission to my son to participate in the above-described activity organized by St. Mary Coptic Orthodox Church of East Brunswick, New Jersey [the Church].

As the parent/guardian of the above-named child, I fully realize that there are risks inherent in the student's participation in this activity and I assume all such risks. Accordingly, I intending to be legally bound, hereby release and hold harmless the Church, its clergy, servants, agents and volunteers from any and all liability as a result of the student's participation in the activity, or any injury, loss, damage or incident occurring during my child's participation in the activity regardless of any negligence on the part of Church, its clergy, servants, agents and volunteers.

Furthermore, I also grant the Church, its clergy, servants, agents and volunteers full authority to take whatever action it considers warranted under the circumstances for the student's health and safety. Specifically, in case of a situation requiring medical treatment, I authorize the Church, its clergy, servants, agents and volunteers, at its discretion and at my expense, to place the above-named child in a hospital for medical services and treatment, or if no hospital is available, to obtain medical service and treatment from a doctor. In obtaining, authorizing, and supervising such medical service and treatment, the Church, its clergy, servants, agents and volunteers shall have the discretion to act in the same manner and with the same authority as I could act if present. This authorization is given with the understanding that if a situation arises requiring medical treatment, the Church, its clergy, servants, agents and volunteers will immediately attempt to notify the student's parent/guardian or emergency contact person named below and will continue in its efforts to notify the parent/guardian or emergency contact person until it has succeeded in doing so. I also agree that I will be responsible to pay for any damages to property done by my child to no maximum amount.

Child's Name: _____

 Parent Signature

 Date

Parent Name and Phone Number: _____

Any allergies or medication, or anything we should know?

_____ ✂ _____ Cut Here. Return the top _____ ✂ _____

Information for you:

St Mary Community Center, Corpus Christi Retreat Center- 80 David Street South River, NJ 08882

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Contact Thomas Doss at (732) 616-1805 with any questions

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St. Mary Coptic Orthodox School, South River, NJ
Telephone 732-254-0847

Waiver & Release of Liability

Print Full Name of Participant: _____

Cell Number: _____ Are you under 18 years old: ____ Yes ____ No

Parent: Father / Mother: _____

Parent Cell Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Cell Number: _____

I/We hereby understand and acknowledge that all, programs and events held by St. Mary Coptic School may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity; and all other risks are acknowledged by me.

You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. You agree that you are voluntarily participating in these activities and use of St Mary Coptic School facilities and premises and accept all risks of injury, illness, or death. We are also not responsible for any loss of your personal belongings.

St. Mary Coptic School holds the duty to warn about the dangers/risk as indicated in this waiver.

I also hereby abide by the disciplinary policies and penalty that St. Mary Coptic School is entitled to impose should there need be if anyone engages in activities outside the scope of described activities and if caught trespassing in closed off areas.

By signing I/We indicate that I/We have carefully read and fully understand this "Waiver and Release of Liability". You acknowledge that "waiver and release" is a release of St. Mary Coptic School's liability. You expressly agree to release and discharge St. Mary Coptic School's staff /volunteers from any and all claims or causes of action and you agree that you voluntarily give up, and waive any right that you or anyone entitled to act on your behalf have to bring a legal action. You WAIVE AND RELEASE St. Mary Coptic School, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of your participation in the St. Mary Coptic School.

Name of Participant

Signature of Parent if Participant is under 18 Years Old

Date