



Young Men's Lenten Retreat – Mar 5-7, 2021

Some of the activities include:

- ✓ Holy Mass
- ✓ Spiritual Talks
- ✓ Time for Recreation
- ✓ Sports
- ✓ Bonfire
- ✓ Opportunities for Confession
- ✓ Rosary



Miles Christi invites you to a
Lenten Retreat for young men!

Starts – Friday, March 5 at 7:00 PM

Ends – Sunday, March 7 at 3:00 PM

Ages 14-18 • Cost \$110

Idyllwild Pines Camp - Idyllwild, CA

For more information please contact Elena Di Ventra at ediventra@mileschristi.org,
or Kim Stamm at (760) 473-9082.

Bring Christ
into your life!

Miles Christi Religious Order • P.O. Box 910331 • San Diego, CA 92191
(858) 768-0872 • infowest@mileschristi.org • www.mileschristi.org

Registration Form

Full Name: _____ Age: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Please make checks payable to *Miles Christi*

Return registration and payment by Friday, February 26, to:

Miles Christi - P.O. Box 910331 - San Diego, CA 92191



P.O. Box 910331
San Diego, CA 92191

January 2021

Dear Parents,

Miles Christi would like to invite your son to attend a *Young Men's Lenten Retreat*. This is a retreat designed for young men ages 14-18 and is a great opportunity for your son to focus on his spiritual life along with his peers. The *Young Men's Retreat* will include: Holy Mass, spiritual talks, and opportunity for Confessions, as well as sports, recreation, and time for socializing.

The retreat begins on Friday, March 5, 2021 at 7:00 PM and finishes on Sunday, March 7, 2021 at 3:00 PM. It is being held at Idyllwild Pines Camp, CA. Driving directions are enclosed with this letter.

The cost is \$110, which includes room and board. Please fill out the registration form (print or type) and mail it with the waivers and payment as soon as possible. Please note that there are limited spaces for this retreat. Therefore, if you cannot mail in the registration form, waiver and payment by February 26, please email Elena Di Ventra at ediventra@mileschristi.org or call Kim Stamm at (760) 473-9082 to confirm your registration. If, regrettably, you have to cancel at the last minute, please let them know immediately.

Your son will need to bring a Bible or New Testament, clothing appropriate for both the retreat and recreation, and all his personal items (toiletries, medicines, etc.). We request that the young men bring their own towel, sleeping bag and pillow. Let Elena or Kim know if your son has any physical disability or a special diet before registering.

If you have any questions, please contact Elena or Kim. We hope that you will encourage your son to consider attending this event and to take advantage of this opportunity to grow in his faith!

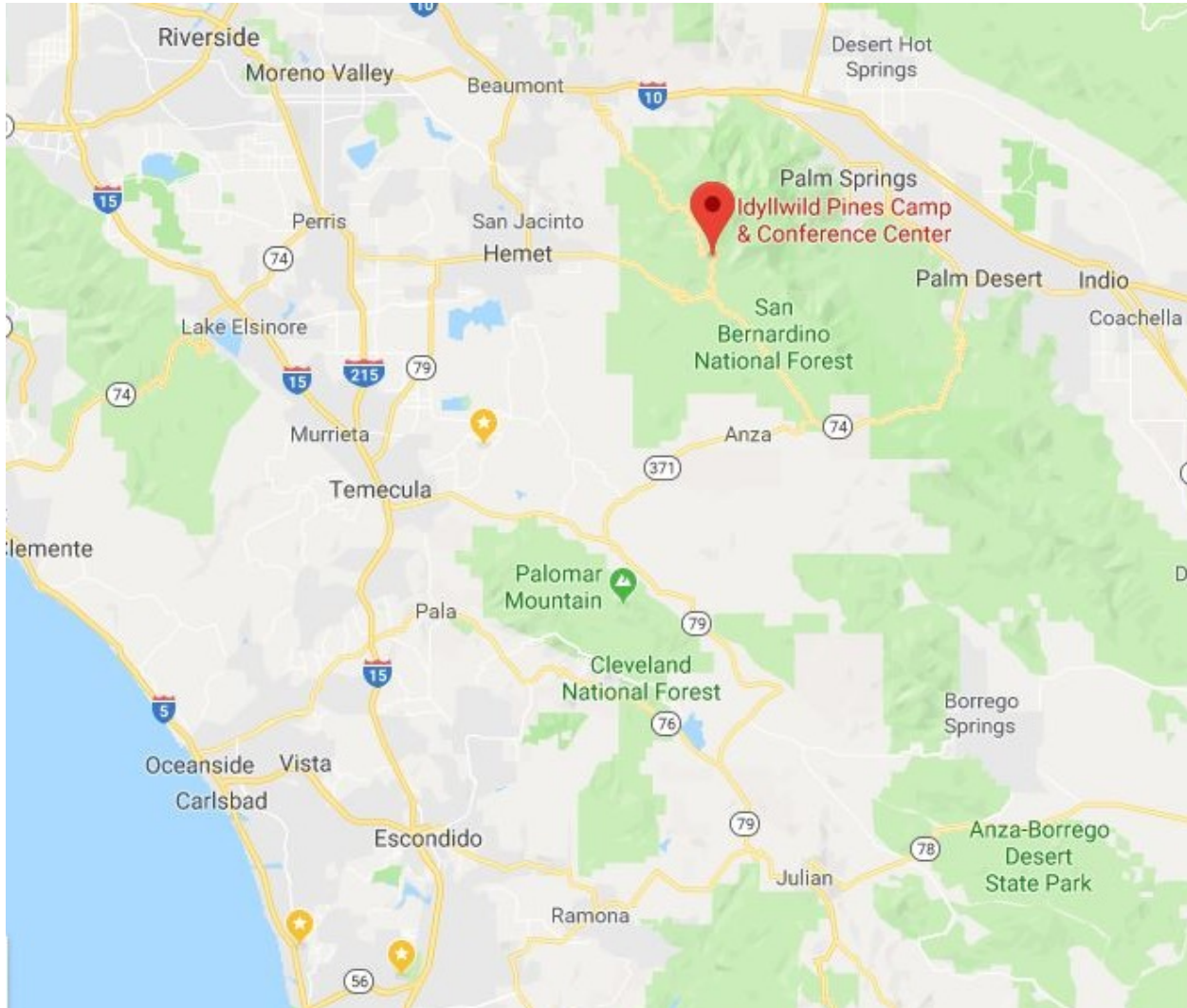
May Our Lord and His most Blessed Mother bless you and keep you in their Hearts.

Yours truly,

The Priests of *Miles Christi*

Idyllwild Pines Camp

26375 Hwy 243
Idyllwild, CA 92549
(951) 659-2605



- **From Escondido:** Drive I-15 NORTH and take Exit 54 for Rainbow Valley Blvd. Turn RIGHT onto Rainbow Valley Blvd W. Turn LEFT at the first cross street onto Old Hwy 395. Continue onto Rainbow Canyon Rd/ Rainbow Valley Blvd. Turn LEFT onto Pechanga Pkwy. Turn RIGHT onto CA-79 S/Temecula Pkwy. Turn LEFT onto CA-371 E. Turn LEFT onto CA-74 W. Slight right onto CA-243 N. Slight LEFT onto Riverside County Playground Rd. Turn LEFT onto Idyllwild Pines Camp Rd.
- **From San Diego:** Drive I-15 NORTH and take take exit 58 for CA 79/Temecula Pkwy toward Indio. Turn RIGHT onto CA-79 S/Temecula Pkwy (signs for Warner Springs/Indio/Pechanga Indian Reservation). Turn LEFT onto CA-371 E. Turn LEFT onto CA-74 W. Slight RIGHT onto CA-243 N. Slight LEFT onto Riverside County Playground Rd. Turn LEFT onto Idyllwild Pines Camp Rd.

Waiver of Liability and Agreement to Indemnify

Miles Christi is very happy your son will be attending this Lenten Young Men's Retreat! The intention of this retreat is to help the young men increase in their spiritual life and enjoy some recreation. Miles Christi has organized this retreat with the assurance that it will be a grace filled time. However, since many young men will participate in this retreat our insurance company requires that we ask you as a parent or legal guardian to sign this waiver form. Please know that the integrity, spiritual and physical health of all the young men attending is our first concern. We hope nothing happens, but in the unforeseen event that a difficulty occurs during the retreat, this form will be helpful to better attend to the matter quickly and promptly. Thank you!

PERSONAL CONDUCT: I understand *Miles Christi* has the authority to establish and apply rules of conduct necessary for the activities during the *Lenten Young Men's Retreat*. If a participant has disruptive behavior or breaks the established rules, the director of the program will have authority to inform the parent and correct the participant in an appropriate way, including removal if necessary.

INSURANCE COVERAGE: I understand that my son is required to have adequate health, accident, and hospitalization insurance in order to be covered during participation in the *Lenten Young Men's Retreat*, and I hereby affirm the same. I recognize and expect that no part of the program fee goes toward payment of such insurance (unless otherwise stated) and that *Miles Christi* has no obligation to provide such insurance.

MEDICAL TREATMENT: (PLEASE DESCRIBE ANY HEALTH, PHYSICAL, AND/OR PSYCHOLOGICAL PROBLEMS ON THE REVERSE OF THIS SHEET.) In the event of illness or injury to my son to such an extent that he requires immediate medical attention, I authorize any official representative of *Miles Christi* to secure medical treatment on my son's behalf, including surgery and the administration of an anesthetic—if any of these are urgent and are immediately necessary—and I accept all financial responsibility for such treatment. I understand that my son is required to bring any medications previously prescribed for his health to the trip. If his medical condition does not require urgent assistance, I understand the authorities of *Miles Christi* will inform me about the situation before obtaining medical treatment.

RELEASES AND INDEMNITY: I understand and hereby expressly acknowledge that the activities at the *Lenten Young Men's Retreat* (collectively referred to as the "Activities") might, under some circumstances about which I have been advised, or about which I reasonably should know, pose certain dangers, including, but not limited to, the risk of illness, sports injuries, other physical injury or accident. I hereby release, waive and discharge *Miles Christi*, and all of its officers, directors, agents, servants, employees, assigns and/or successors (collectively, "Representatives") from any and all liability, damage, loss or injury to my son's person or property or resulting in his death arising out of his participation in the *Lenten Young Men's Retreat*, including, without limitation, the Activities, whether such loss, damage, or injury is caused by the active or passive negligence of *Miles Christi* or any of its Representatives, or from some other cause. I hereby covenant not to sue *Miles Christi*, nor any of its Representatives, whether at law or in equity, or whether in contract or in tort, for any damages, costs, attorneys' fees or for any injunction or court order pertaining to or arising out of my son's participation in the *Lenten Young Men's Retreat*, including, without limitation, the Activities, whether any loss, damage, or injury is caused by the active or passive negligence of *Miles Christi*, or any of its Representatives, or from some other cause. In consideration of my son being permitted to participate in the *Lenten Young Men's Retreat*, I hereby agree to indemnify, defend and hold *Miles Christi*, and its Representatives, harmless from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action, brought against *Miles Christi*, or its Representatives, jointly or individually, for bodily injury or property damage suffered as a result of my son's negligent, reckless, or willful act or omission in the participation (or failure to participate) in the various activities during the *Lenten Young Men's Retreat*.

I agree that if any provision of this waiver is found invalid or unenforceable by a court of competent jurisdiction, that provision shall be amended to achieve as nearly as possible, consistent with applicable law, the maximum permissible effect as the original provision, and the remainder of this release shall remain in full force and effect.

ACTIVITY: YOUNG MEN'S LENTEN RETREAT | DATES: MARCH 5 - 7, 2021

All of the following information will be kept confidential, unless required by a medical authority.

Participant's Name: _____ **Birth Date:** _____

Address: _____

Health Insurance Company: _____ **Health Insurance Policy Number, Plan #, etc.:** _____

Name of Person to be notified in case of emergency: _____

Relationship: _____ **Home #** _____ **Work #** _____ **Cell #** _____

Check applicable health conditions: Frequent Headaches: _____ High Blood Pressure: _____ Diabetes: _____ Heart Problems: _____ Asthma or

Respiratory Problems: _____ Fainting Spells: _____

Allergies (Please specify): _____

Medication(s) Used: _____

Describe/Explain Allergic Reaction(s) and Potential Side Effects of Medication(s):

Other Medical/Psychological Problems (Please explain):

To better help the chaperones, please describe any difficulties, medical or not, which your son may have (examples: fear of the dark, homesickness, anxiety, fear of new places, etc.): _____

Signature of Parent or Legal Guardian: _____ **Date:** _____



Participant Release of Liability Agreement

Name of Participant: (Print clearly) _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

Release and Indemnity:

I hereby release, hold harmless and agree not to sue Idyllwild Pines, employees, representatives, volunteers, agents and contractors. With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County.

The participant, and the parent(s) or guardian of a minor participant, have each read this document and understand and voluntarily agree to it terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment.

Signature of Participant: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

Print Name _____

In the event of an emergency, if family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

Signature of Parent/Guardian or Participant _____ **Print** _____ **Date** _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature of Parent/Guardian or Participant _____ **Print** _____ **Date** _____

EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES

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