



P.O. Box 910331
San Diego, CA 92191

January 2022

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, April 1, 2022 at 7:00 PM and finishes on Sunday, April 3, 2022 at 11:00 AM. It is being held at Idyllwild Pines Camp, CA. Driving directions are enclosed with this letter.

The cost is \$130, 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 March 11, please email Elena Di Ventra at ediventra@mileschristi.org 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 know if your son has any physical disability or a special diet before registering.

If you have any questions, please contact Elena. 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!

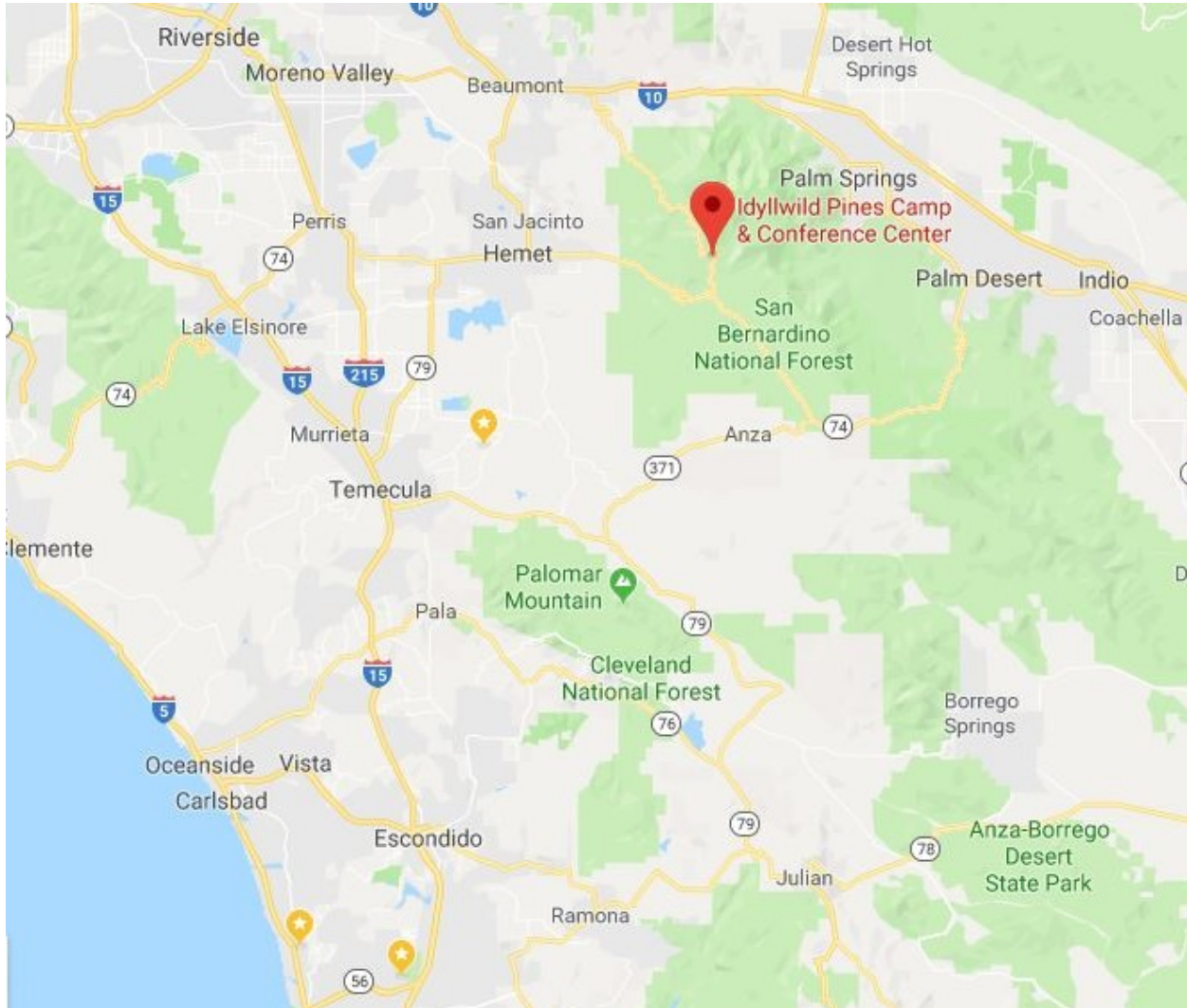
May Our Lord and His most Blessed Mother bless you and keep you in their Hearts.

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: April 1 - 3, 2022

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 Assumption of Risk and 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 (“Activity” or “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, but not limited to, 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 are 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.

The undersigned represents that he/she, and/or the minor participant, is in good health and in the proper physical condition to participate in the Activities. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as broken bones, strains, joint or back injury, and concussions; and 3) catastrophic injuries including paralysis and death. The undersigned fully understands that the risks involved may be caused by his/her or the minor participant’s own actions, those of other participants, the conditions in which the Activities take place, or the negligence of the Releasees named in this Agreement. Further, it is understood that there may be other risk either not known to myself or the minor participant or not readily foreseeable at this time. I, as the legal guardian for myself or on behalf of the minor participant, fully accept and assume all such risks and all responsibilities for losses, costs, and damages incurred as a result of participation in the Activities.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending the Idyllwild Pines Camp and Conference Center sponsored courses and activities, and that



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such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Idyllwild Pines Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Idyllwild Camp and Conference Center may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Idyllwild Pines Camp and Conference Center employees, volunteers, and other participants and their families.

Release and Indemnity:

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the minor participant (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or the minor participant may experience or incur in connection with my and/or the minor participant's attendance at Idyllwild Pines Camp and Conference Center or participation in the Activities.

On behalf of myself and/or the minor participant, I hereby release, hold harmless and agree not to sue Idyllwild Pines, its respective directors, officers, employees, representatives, affiliates, volunteers, agents, contractors, and, if applicable, owners or lessors of premises on which the Activities take place ("Releasees"). 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. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Idyllwild Pines and/or its agents, whether a COVID-19 infection occurs before, during, or after participation in the Activities.

Medical Waiver: In the event of injury or illness while I and/or the minor participant is engaged in any Activities, the undersigned hereby authorizes Idyllwild Pines Camp and Conference Center to consent to medical treatment on behalf of myself and/or the minor participant as deemed necessary. The undersigned hereby authorizes Idyllwild Pines Camp and Conference Center and its officers, employees and agents, into whose care myself and/or the minor participant has been entrusted, to consent to the advice of trained emergency personnel.



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The undersigned understands and agrees that he/she and/or the minor participant is advised to obtain health insurance coverage prior to participation in any Activity and that he/she and/or the minor participant will be responsible for any medical expenses arising out of any injury or claim arising out of Activity participation.

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, California.

The participant, and the parent(s) or guardian of a minor participant, have each read this document, had the opportunity to ask questions, and understand and voluntarily agree to its 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. The undersigned fully understands that with this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledges that he/she is signing this agreement freely and voluntarily.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name _____

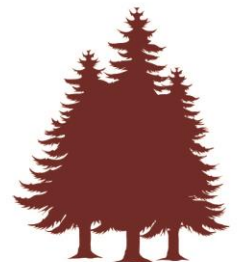
In the event of an emergency, if the family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

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 _____



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