

*“Come, Holy Spirit, come!
And from your celestial
home shed a ray of light
divine!”*

From the Sequence of the Holy Spirit



MILES CHRISTI INVITES YOU TO A

Young Men's Pentecost Retreat

May 18-20, 2018

Starts - Friday, May 18th at 7:00 pm

Ends - Sunday, May 20th at 12:00 Noon

Ages 14-18 • Cost \$100

Camp Wildwood Ranch

Ramona, CA

For more information please contact

Elena Di Ventra: ediventra@mileschristi.org, (858) 768-0872

or Kim Stamm at (760) 473-9082.

Holy Mass

Spiritual Talks

Time for Recreation

Sports

Bonfire

Opportunities for

Confession

Rosary

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 Tuesday, May 15 to:
Miles Christi - P.O. Box 910331 - San Diego, CA 92191

Miles Christi

Religious Order

P.O. Box 910331
San Diego, CA 92191

February 2018

Dear Parents,

Miles Christi would like to invite your son to attend a *Young Men's Pentecost 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 Pentecost 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, May 18 at 7:00 PM and finishes on Sunday, May 20, at 12:00 Noon. It is being held at Camp Wildwood Ranch, CA. Driving directions are enclosed with this letter.

The cost is \$100, 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 May 15, 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*

Waiver of Liability and Agreement to Indemnify

Miles Christi is very happy your son will be attending this Young Men’s Pentecost 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 *Young Men’s Pentecost 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 *Young Men’s Pentecost 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 *Young Men’s Pentecost 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 *Young Men’s Pentecost 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 *Young Men’s Pentecost 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 *Young Men’s Pentecost 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 *Young Men’s Pentecost 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 PENTECOST RETREAT | DATES: MAY 18-20, 2018

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:** _____