

# High School Girls' Advent Retreat



November 30 - December 2, 2018

The priests of *Miles Christi* invite you to an Advent weekend retreat for girls ages 15-18, including Holy Mass, spiritual talks, Rosary, and opportunity for Confession, as well as fun time with hiking, zip lining, a bonfire, and games.



At Camp Cedar Glen  
743 Farmers Rd., Julian, CA 92036

**Miles Christi**  
RELIGIOUS ORDER

Questions? Please contact Jenny at  
girlsactivities@mileschristi.org or 858-768-0872.

## Registration Form

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please mail in registration by November 24 to *Miles Christi*, P.O. Box 910331, San Diego, CA 92191

# Miles Christi

## Religious Order

P.O. Box 910331  
San Diego, CA 92191

November 2018

Dear Parents,

*Miles Christi* would like to invite your daughter to attend a *High School Girls' Advent Retreat*. This is a retreat designed for young women ages 15-18 and is a great opportunity for your daughter to focus on her spiritual life along with her peers. The *High School Girls' Retreat* will include: Holy Mass, spiritual talks, and opportunity for Confessions, as well as games, recreation, and time for socializing.

The retreat begins on Friday, November 30, with registration at 6:00 PM and finishes on Sunday, December 2, at 12:30 PM. It is being held at Camp Cedar Glen in Julian, CA. The address is: 743 Farmer Rd., Julian, CA 92036. Driving directions are enclosed with this letter.

The cost is \$180, 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 November 24, please email Jenny Stofka at [girlsactivities@mileschristi.org](mailto:girlsactivities@mileschristi.org) or call her at (858) 768-0872 to confirm your registration. If, regrettably, you have to cancel at the last minute, please let her know immediately.

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

If you have any questions, please contact Jenny. We hope that you will encourage your daughter to consider attending this event and to take advantage of this opportunity to grow in her faith!

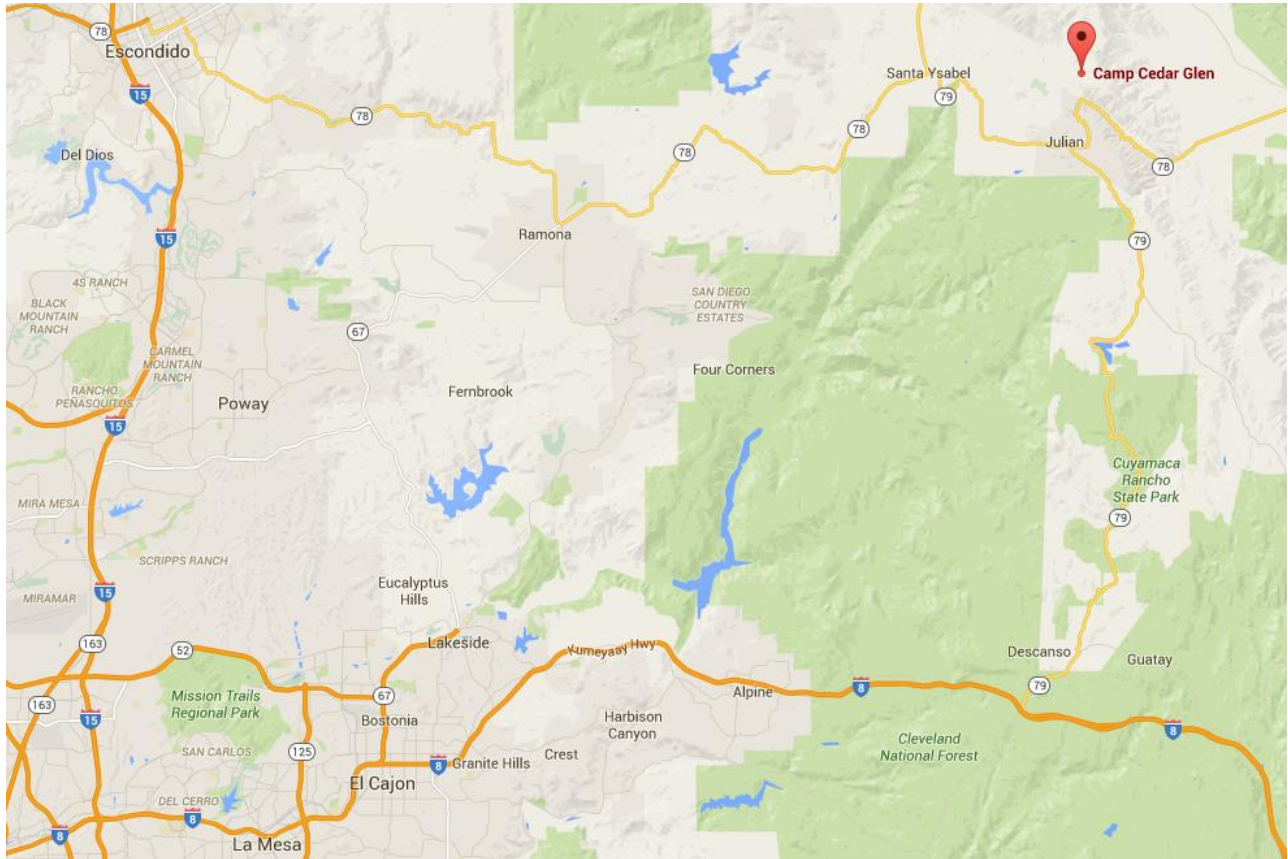
May Our Lord and His most Blessed Mother bless you and keep you in their Hearts.

Sincerely in Christ,

The Priests of *Miles Christi*

# Camp Cedar Glen

743 Farmers Rd.  
Julian, California  
(760) 765-0477



- **From Escondido:** Drive CA-78 EAST. Turn LEFT onto OLIVE ST. Turn RIGHT onto 7<sup>TH</sup> ST. Turn LEFT at the 3<sup>rd</sup> cross street onto MAIN ST. Continue onto CA-78E/ JULIAN RD. Turn LEFT onto MAIN ST. Continue onto FARMER RD. Continue STRAIGHT to stay on FARMER RD. Turn RIGHT onto WYNOLA RD. Turn LEFT onto FARMER RD.
- **From San Diego:** Drive CA-163 NORTH. Merge onto the I-8 EAST/ EL CENTRO. Take exit 40 for CA-79N/ JAPATUL VALLEY RD. Turn LEFT onto CA-79N/ JAPATUL VALLEY RD. Turn LEFT to stay on CA-79N. Turn LEFT onto MAIN ST. Continue STRAIGHT to stay on MAIN ST. Continue onto FARMER RD. Turn RIGHT to stay on FARMER RD. Turn RIGHT onto WYNOLA RD. Turn LEFT onto FARMER RD.

# Miles Christi

RELIGIOUS ORDER

*Miles Christi is very happy your daughter will be attending the High School Girls' Retreat! The intention of this retreat is help the girls 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 girls will participate in this retreat our insurance company requires that we ask you as a parent or legal guardian, and your daughter, to sign this waiver form. Please know that the integrity, spiritual and physical health of all the girls 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!*

## **Release, Waiver of Liability, Indemnity/Hold Harmless Agreement and Medical Authorization**

For: High School Girls' Retreat, November 30 - December 2 at Camp Cedar Glen, Julian, CA (the "Event")

1. This Release, Waiver of Liability, Indemnity/Hold Harmless Agreement and Medical Authorization ("Agreement") is executed on this \_\_\_\_ day of \_\_\_\_\_, 2018, by the undersigned minor child and parent or guardian having legal custody, in favor of *Miles Christi*, a Michigan nonprofit corporation, its priests, brothers, officers, directors, agents, servants, employees, representatives, assigns and/or successors (collectively "*Miles Christi*") in consideration of *Miles Christi* accepting my and/or my child's participation in the Event and being permitted to utilize *Miles Christi's* facilities.

2. **PERSONAL CONDUCT:** I/We understand *Miles Christi* has the authority to establish and apply rules of conduct necessary for the activities during the Event. If a participant engages in disruptive behavior or violates such rules, the director of the program will have authority to correct and/or discipline the participant, including removal from the Event, if necessary.

3. **INSURANCE COVERAGE:** I/We understand that *Miles Christi* does not carry or maintain health, medical, or disability insurance and that my/our child is required to have separate adequate health, accident, and hospitalization insurance coverage provided by me/us during participation in the Event. I/We hereby represent and warrant to *Miles Christi* that such insurance coverage is in full force and effect. I/We recognize and expect that no part of the program fee goes toward payment for such insurance and that *Miles Christi* has no obligation to provide such insurance.

4. **MEDICAL TREATMENT:** I/We recognize that emergency or emergent medical or dental care may be necessary for my/our child as a result of participation in the Event and hereby consent to same. In the event of illness or injury to my/our child during the Event, I/We authorize *Miles Christi*, and any of its priests, brothers, officers, directors, agents, servants, employees, representatives, assigns and/or successors, to render first aid and/or to secure or call for medical and/or dental treatment of my/our child, including without limitation, surgery and the administration of an anesthetic (collectively, the "Treatment"), if in the sole opinion and discretion of *Miles Christi*, and any of its priests, brothers, officers, directors, agents, servants, employees, representatives, assigns and/or successors determine such Treatment is needed. I/We understand that my/our child is required to bring any medications previously prescribed for her health to the Event. I/We agree to pay for all expenses and costs or fees associated with such Treatment and transportation (ambulatory, helicopter, or otherwise).

5. **RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND:** I/WE AGREE TO RELEASE, WAIVE, FOREVER DISCHARGE, HOLD HARMLESS, INDEMNIFY AND DEFEND MILES CHRISTI AND ANY OF ITS PRIESTS, BROTHERS, OFFICERS, DIRECTORS, AGENTS, SERVANTS, EMPLOYEES, REPRESENTATIVES, ASSIGNS AND/OR SUCCESSORS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS, SUITS, ACTIONS, LOSSES AND DAMAGES OF WHATEVER KIND OR NATURE EITHER IN LAW OR EQUITY, INCLUDING, BUT NOT LIMITED TO (A) NEGLIGENCE, INCLUDING THE ACTIVE OR PASSIVE NEGLIGENCE OF *MILES CHRISTI*, ITS PRIESTS, BROTHERS, OFFICERS, DIRECTORS, AGENTS, SERVANTS, EMPLOYEES, REPRESENTATIVES, ASSIGNS AND/OR SUCCESSORS; (B) BREACH OF CONTRACT; (C) BREACH OF ANY STATUTORY DUTY OR OTHER DUTY OF CARE; (D) BREACH OF EXPRESS OR IMPLIED WARRANTY; OR (E) ANY OTHER CAUSE, RESULTING IN PERSONAL INJURY, DEATH OR PROPERTY DAMAGE AND ARISING FROM MY OR THE MINOR'S PARTICIPATION IN THE EVENT OR AT ANY FACILITY OWNED OR OPERATED BY *MILES CHRISTI*, ITS PRIESTS, BROTHERS, OFFICERS, DIRECTORS, AGENTS, SERVANTS, EMPLOYEES, REPRESENTATIVES, ASSIGNS AND/OR SUCCESSORS. IN CONSIDERATION OF ME/US OR MY/OUR CHILD BEING PERMITTED TO PARTICIPATE IN THE EVENT, I/WE HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD *MILES CHRISTI*, AND ANY OF ITS PRIESTS, BROTHERS, OFFICERS, DIRECTORS, AGENTS, SERVANTS, EMPLOYEES, REPRESENTATIVES, ASSIGNS AND/OR SUCCESSORS, 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 ANY OF ITS PRIESTS, BROTHERS, OFFICERS, DIRECTORS, AGENTS, SERVANTS, EMPLOYEES, REPRESENTATIVES, ASSIGNS AND/OR SUCCESSORS, JOINTLY OR INDIVIDUALLY, FOR BODILY OR OTHER INJURY OR PROPERTY DAMAGE SUFFERED AS A RESULT OF MY/US OR MY/OUR CHILD'S PARTICIPATION IN THE EVENT. I/WE AGREE THAT IF ANY PROVISION OF THIS PARAGRAPH 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 PARAGRAPH SHALL REMAIN IN FULL FORCE AND EFFECT.

6. COVENANT NOT TO SUE. I/We hereby covenant not to sue *Miles Christi*, nor any of its priests, brothers, officers, directors, agents, servants, employees, representatives, assigns and/or successors, 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/our child's participation in the Event.

7. MEDIA RELEASE. I/We consent and authorize the taking of photographs and/or videos during the Event. I/We grant permission to *Miles Christi* and its priests, brothers, officers, directors, agents, servants, employees, representatives, assigns and/or successors to use said photographs and/or videos in advertising, displays, web sites, brochures, other forms of electronic media, illustrations or publications without notifying me/us. I/We hereby waive any and all rights to privacy in the photographs/videos and to compensation related to the use of the photographs and/or videos and any rights to royalties, proceeds or other benefits derived from such photographs and/or video.

8. ENTIRE AGREEMENT. This Agreement constitutes the entire Agreement between the parties hereto with respect to the matters herein. It is expressly understood and agreed that this Agreement may not be altered, amended, modified or otherwise changed in any respect or particular whatsoever except by a writing duly executed by all of the parties executing this Agreement. The parties each acknowledge and agree that they will make no claim at any time or place that this Agreement has been orally altered or modified in any respect whatsoever.

9. BINDING EFFECT. I/We understand this Agreement shall be binding upon my assignees, distributes, heirs, next of kin, executors, personal representatives and administrators and may be pled by *Miles Christi* as a complete bar and defense against any and all claims, demands or causes of action by or on behalf of myself or my/our child.

10. SEVERABILITY. If any provision of this Agreement is held to be invalid, void, illegal or unenforceable, it shall be ineffective only to the extent of the invalidity, without affecting or impairing the validity and enforceability of the remainder of the provision or the remaining provisions of the Agreement, which provision(s) shall remain in full force and effect.

11. ADVICE OF COUNSEL. The signatories hereto have had full and complete access and assistance from competent counsel (or have been advised to seek same) and fully and completely understand all of their rights and responsibilities as involved herein. It is understood and agreed by the parties hereto that this Agreement shall be construed without any regard to any presumption or other rule requiring construction against the party causing this Agreement to be drafted.

**I/WE HAVE CAREFULLY READ THE FOREGOING AGREEMENT. I/WE FULLY UNDERSTAND ITS CONTENTS AND I/WE VOLUNTARILY SIGN IT WITH NO RESERVATIONS AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
If Participant is a minor, name of Parent/Guardian

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
If Participant is a minor, name of Parent/Guardian

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

(Please fill out form on reverse.)

**EVENT:** HIGH SCHOOL GIRLS' RETREAT

**DATES:** November 30 - December 2, 2018

*All of the following information will be kept **confidential**, unless required to be released for medical treatment and/or to comply with any law, court order or for use in any legal process.*

**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: \_\_\_\_\_ Seizures: \_\_\_\_\_

Allergies (*Please specify*): \_\_\_\_\_

OTHER (*Please specify*): \_\_\_\_\_

**Medication(s) Used At Present Time:**

\_\_\_\_\_ (Name & Dosage)

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

\_\_\_\_\_

**Other Medical/Psychological Problems (*Please explain*):**

\_\_\_\_\_

**Are all Immunizations current and up to date:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Date of last tetanus/diphtheria** \_\_\_\_\_

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

\_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Preferred Medical Facility:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_