



LASALLIAN STUDENT LIFE OFFICE OF CAMPUS MINISTRY



Registration Form for Kairos 2018-2019

Name: _____ Birthdate: _____ Shirt Size: _____

Vegetarian: yes or no Vegan: yes or no Gluten Allergy: yes or no

Medical conditions: _____ Allergies: _____

Current Medication Taking: _____

It is my intention to register for the following Kairos retreat: (circle one)

May 29-June 1 Sept. 25-28 Nov. 6-9 Jan. 15-18 March 19-22

I understand that this retreat is first come, first served. In order for my registration to be complete, I understand I must submit my medical form and either a deposit (\$90) or full payment (\$180). *For May retreat, full payment is required at time of registration.

This can be paid via check, cash or online via TICKETHUB on the CB website under Kairos tab.

Amount pd: _____
Circle one: Check Cash Online

Parent #1 Email: _____ Cell: _____

Parent #2 Email: _____ Cell: _____



LASALLIAN STUDENT LIFE OFFICE OF CAMPUS MINISTRY



Consent Form for Kairos 2018-2019

Name of Student: _____

Allergies: _____

Food Restrictions: _____

My Child will be taking prescription medication during the
time of retreat: yes or no

If Yes, name of medication and dosage: _____

Current medical conditions that retreat staff should be made
aware of: _____

CONSENT TO PARTICIPATE IN SCHOOL SPONSORED ACTIVITY

I certify that I am the parent or legal guardian of (Student Name)

_____, and I hereby consent to his/her participation in the
following Christian Brothers High School sponsored activity:

Kairos Retreat

Scheduled to take place **(circle one)**: May 29-June 1 or Sept. 25-29 in South Lake Tahoe
November 6-9 or January 15-18 or March 19-22 at Applegate Retreat Center

I further certify that I have read about or have been advised as to the nature of the Activity, as well as the rules and eligibility requirements for participation in the Activity, and that I fully understand and agree to them. I understand that should my child fail to abide by the retreat rules and regulations, I will be notified by phone, expected to come and pick up my child from the retreat site and that further disciplinary action via the deans' / principal's office will result once the retreat concludes.

Signature of Parent or Guardian _____ Date: _____

CONSENT REGARDING TRANSPORTATION

Participation in the Activity may involve travel beyond the confines of the Christian Brothers High School campus. As a courtesy, the school will attempt to coordinate transportation to and from the Activity. However, it remains the ultimate responsibility of the student and his/her parent or guardian to provide all necessary transportation. Christian Brothers High School may facilitate travel associated with the Activity by utilizing chartered busses and employee driven school owned vehicles. Transportation may also be accomplished by parent/volunteer driven private vehicles or student driven private vehicles. In instances where private vehicles are used, the drivers of those vehicles may subject themselves and their own insurance to risk of liability for the benefit of the school and the Activity.

Please check the box below:

☐ I certify that I have read the statement above. I hereby consent to the transportation of my child to and from the Activity in a chartered bus/rental van/school owned vehicle.

CHRISTIAN BROTHERS HIGH SCHOOL AGREEMENT AND RELEASE FROM LIABILITY

Parent or Guardian. I hereby certify that I am the parent or legal guardian of _____ (hereinafter "my child").

Voluntary Participation. I hereby acknowledge that my child's participation in the school-sponsored activity specified on Page 1 (Consent to Participate in School Sponsored Activity) (hereinafter the "Activity") is voluntary.

Medical Care or treatment. I understand that, if necessary, medical care or treatment for my child will be carried out with the medical information, instructions and consent I have provided to Christian Brothers High School in the Appryse Medical System. **It is my responsibility to update any changes to my child's medical history and/or any changes to the emergency contact information prior to this school sponsored activity. Web link: <https://app.appryse.com/index.html>.**

Assumption of Risk. I am aware that my child's participation in the Activity comes with a potential risk of personal injury, death, damage, loss, accident, delay or expense. I understand that the degree of risk and danger varies significantly from situation to situation, and I have taken the time and opportunity to fully understand all the risk inherent with and related to the Activity. I consent to my child's participation in the Activity with full knowledge of the risk and danger involved, and I hereby agree to fully accept any and all risk of injury, death, damage, loss, accident, delay or expense that may occur resulting from my child's participation in the Activity.

I verify the statement by placing my initials here: _____

Release. As consideration for my child being permitted to participate in the Activity, I hereby agree that I, for myself, and my assignees, heirs, distributees, guardians, and legal representatives, hereby fully and forever release, waive, discharge and will not make a claim against, attach the property of, or sue Christian Brothers High School, its officers, agents, contractors and/or employees (all referred to herein as "Releasees"), on account of any injury, expense, damage or loss, arising out of or related to the Activity, including any negligence or other acts caused by an employee, agent, contractor, chaperon, volunteer, parent or student of Christian Brothers High School. I hereby fully and forever release the Releasees from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have, or may have hereafter, for any injury, expense, damage or loss resulting from my child's participation in the Activity. I further hereby understand and agree to hold harmless the Releasees and each of them from any losses, liabilities, damages, costs or fees, including attorneys' fees, that may incur arising out of or related to the Activity, whether caused by the negligence of the Releasees or otherwise.

Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE FROM LIABILITY, FULLY UNDERSTAND ITS CONTENTS, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT TO THE GREATEST EXTENT ALLOWED BY LAW. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND A CONTRACT BETWEEN CHRISTIAN BROTHERS HIGH SCHOOL AND ME, AND I SIGN IT OF MY OWN FREE WILL.

Executed _____ at _____, California.
Date City

Signature of Parent or Guardian: _____