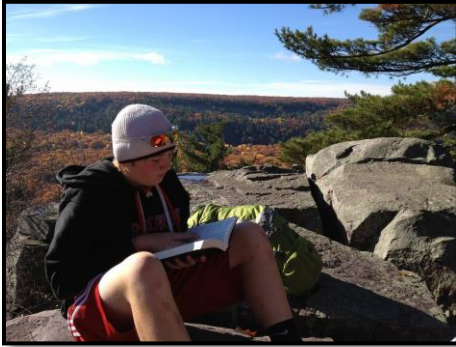


## Devil's Lake Hiking Retreat

Saturday, October 19, 2013 | Devil's Lake State Park



Join other high school students as we hike the breath-taking bluffs around Devil's Lake State Park outside Baraboo, WI. This day retreat theme is "Finding God in All Things." There is no better place to explore this idea than Devil's Lake! We will also be exploring the importance of God in our lives and how to build a personal relationship with Him!

**The Cost of this Retreat is \$35.** If you are registered for the High School Program - the cost of this retreat is covered!

### A Few Notes:

- We will leave from St. Charles at 7:00 a.m. Please eat Breakfast before coming.
- Depending on the number of students who sign-up we will either take mini-vans or a bus.
- We will be hiking a little over 5 miles; so wear comfortable shoes! Also dress appropriately for the weather.
- Bring along the following: Bag Lunch (will put in coolers), a **water bottle**, a Bible, a small backpack, & **money for dinner**.
- **Students should NOT bring cell phone, watches, or other electronic devices. Cameras are allowed.**
- Sunday Mass Obligation will be fulfilled!
- We will arrive back to St. Charles at 8:30 p.m.



If interested in attending this retreat, please return the permission slip and fee (if applicable) by: **October 10th**

**Parents:** We will send a mass text-message when we leave dinner (about an hour away) and when we arrive at St. Charles: Please sign-up for this text message by texting "@devilslake" to (262) 510-0308.

If you have any questions or concerns, please do not hesitate to contact me. We look forward to serving with all of you this summer!

God Bless,



**Andrew Schueller**

Director of Youth & Young Adult Ministries  
Coordinator, Lake Country Young Adult Ministries  
schueller@archmil.org  
262.367.3277



## PARENT/LEGAL GUARDIAN PERMISSION SLIP & INDEMNITY AGREEMENT

**Please Print:**

<b>Name of CHILD/WARD</b>	<b>Date of Birth</b>
<b>PARISH/SCHOOL:</b>	Lake Country Life Teen
<b>DESIGNATED SUPERVISOR OF ACTIVITY:</b>	Andrew Schueller
<b>DESCRIPTION OF ACTIVITY:</b>	Devil's Lake Hiking Retreat
<b>DATE &amp; TIME OF ACTIVITY:</b>	Saturday, October 19, 2013 7:00 a.m. until 8:30 p.m.
<b>LOCATION OF ACTIVITY:</b>	Devil's Lake State Park
<b>METHOD OF TRANSPORTATION:</b>	Van or Bus
<b>STUDENT COST:</b>	None

I hereby consent to participation by my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

<b>Parent/Legal Guardian Signature</b>	<b>Date</b>
<b>Address</b>	<b>City</b> <span style="float: right;"><b>Zip</b></span>
<b>Home Phone</b>	<b>Cell Phone</b>
<b>Family Doctor</b>	<b>Phone</b>
<b>Family Health Plan Carrier</b>	<b>Policy Number</b>

**Does your CHILD/WARD take any medication, have any allergies, or any other health concerns we should be aware of?**

**No**      **Yes (Please List):** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of any emergency. I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

<b>Name</b>	<b>Phone</b>	<b>Relationship to Child</b>
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Please attach any personal/medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified ACTIVITY.

This form has been prepared by and is required by the Archdiocese of Milwaukee's Protected Self-Insurance Program.  
Direct questions to Catholic Mutual Group at: (262) 255-6906.  
**Parish-specific questions should be directed to Andrew Schueller at: (262) 367-3277**