



*Our Lady of Grace Presents*

*2023 Teen Acts Retreat*

*March 16 – 19, 2023*

*Camp Chrysalis*

*Kerrville, Texas*

*Teen Directors*  
*Conley McKenna*  
*Carmen Link*

*Spiritual Advisor*  
*Kieran Norris*

Trust in the Lord  
with all your heart,  
on your own  
wisdom do not rely.  
Proverbs 3:5

## **YOU Are Invited**

You are invited to participate in the next Our Lady of Grace Teen ACTS Retreat on the weekend of March 16-19, 2023. The retreat will be held at Camp Chrysalis in Kerrville, Texas and transportation is provided to and from the retreat center.

The retreat begins Thursday, March 16<sup>th</sup> with check-in at Our Lady of Grace Church (223 E Summit) from 4:30 – 5:00pm and ends Sunday March 19<sup>th</sup> after the noon mass at Our Lady of Grace Church, followed by a reception for the retreatants, their families, and the ACTS community.

The weekend is spent with a team of teens who face the same challenges as you living in today's world. It is an opportunity to join with other teens to renew your spirituality, strengthen your faith and its application to your daily life, and to build long-lasting friendships.

## **SPACE IS LIMITED**

In past years, our Teen ACTS retreat has filled to capacity early and we have had a wait list, so please consider registering early to ensure your place.

## **COST**

The retreat cost to each participant is \$225. The non-refundable registration fee of \$75 is required to reserve your place.

NOTE: Financial difficulties should not prevent anyone from considering or registering for the

**OLG Teen ACTS  
Information Form**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parish: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dietary/Medical Needs: \_\_\_\_\_

**Adult Contact 1**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

**Adult Contact 2**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

**SOUTHWESTERN TEXAS SYNOD OUTDOOR & RETREAT MINISTRIES**  
**D.B.A. CROSS TRAILS MINISTRY**  
**AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK, INDEMNITY AGREEMENT,**  
**AND RELEASE OF LIABILITY**

FOR RETREATS OR DAY EVENTS ORGANIZED BY ANOTHER PARTY

Cross Trails is providing a venue for your retreat or day event. It is important to note that your group leader(s) is/are responsible for the schedule and the content of the retreat. Cross Trails Ministry may lead selected activities of the retreat or day event as contracted by the group leader, but the overall program and supervisory role is not the responsibility of Cross Trails Ministry. Program questions should be directed to your group leader.

PARTICIPANT'S FULL LEGAL NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CURRENT GRADE (IF YOUTH): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Please check if you do not want to be on our mailing list. Cross Trails will not sell or give this information away.

IF THE PARTICIPANT IS A MINOR, the full legal name of the minor's parent and/or legal guardian who is completing this Agreement on behalf of the minor: \_\_\_\_\_

The above named participant ("**Participant**") wishes to be accepted for participation and take part in activities and programs ("**Programs**") held at the property of Cross Trails Ministry, and in consideration of Cross Trails Ministry's action in allowing participation in such Programs:

Participant (or the legal guardian of Participant) represents that they understand the nature of the Programs and that they are qualified, in good health, and in proper physical condition to participate in the Programs. Participant affirms that there is no ongoing physician's care or treatment for any undisclosed condition that bears upon Participant's fitness to safely participate in Programs. In addition, Participant agrees to notify Cross Trails Ministry of relevant health and medical information. Participant further acknowledges that if they believe event conditions are unsafe or that they are unable to safely perform any activity, they will immediately discontinue participation in the activity.

Participant (or the legal guardian of Participant) acknowledges that during the Programs that participant has requested to participate in, certain risks and dangers may occur. These include, but are not limited to the hazards of physically demanding activities, horseback riding, ropes courses and aquatic activities, accident or illness in remote places without medical facilities, and the forces of nature.

Participant (or the legal guardian of Participant) further understands that through participating in the Programs, Participant will be exposed to the elements of nature, including temperature extremes and inclement weather. Participant further recognizes that these risks may include loss or damage to personal property, physical or psychological damage, and/or injury not excluding death due to accidents or illness, which may occur.

Participant (or the legal guardian of Participant) further acknowledges, understands, appreciates, and agrees that their participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. Participant knowingly and freely assumes all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assumes full responsibility for Participant's participation and exposure.

In consideration of, and for the right to participate in Programs arranged by Cross Trails Ministry personnel at Lutheran Camp Chrysalis, Ebert Ranch Camp, and other locations; its Owners; Trustees; Directors; Officers; Employees; Agents; and/or Associates ("**Releasees**"), Participant hereby **ASSUMES ALL THE ABOVE RISKS AND ANY OTHER ORDINARY RISK INCIDENTAL TO THE NATURE OF PROGRAMS WHICH ARE NOT SPECIFICALLY FORESEEABLE.**

**PARTICIPANT ALSO AGREES TO AND SHALL HOLD HARMLESS AND UNCONDITIONALLY INDEMNIFY RELEASEES FROM AND AGAINST ANY AND ALL ACTIONS, CLAIMS, LOSSES, COSTS, DAMAGES, EXPENSES, AND LIABILITY OF ANY AND EVERY KIND (INCLUDING, BUT NOT LIMITED TO, ATTORNEY'S FEES) FOR ANY AND ALL INJURIES TO OR DEATH OF ANY PERSON, INCLUDING, BUT**

**NOT LIMITED TO, PARTICIPANT, OR DAMAGE TO OR LOSS OF ANY PROPERTY DIRECTLY OR INDIRECTLY ARISING OUT OF OR CAUSED BY OR CONNECTED WITH OR INCIDENTAL TO OR RESULTING FROM PARTICIPANT'S INVOLVEMENT IN THE PROGRAMS INCLUDING, BUT NOT LIMITED TO, ANY ACT, OMISSION OR NEGLIGENCE OF RELEASEES, REGARDLESS OF WHETHER OR NOT IT IS CAUSED IN WHOLE OR IN PART BY A PARTY INDEMNIFIED HEREUNDER.**

**I further agree that if, despite this release, I or anyone my behalf makes a claim against any of the above RELEASEES, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.**

Both parties irrevocably consent and submit to the jurisdiction and venue of the State and Federal Courts having jurisdiction of Kerr County, Texas in connection with any suit, action, or other proceeding concerning this Agreement and Release. If any dispute results, then both parties agree to binding arbitration. If any dispute provision of this Agreement and Release is found to be unenforceable by a Court of the last resort, it is the parties' intention that the Court should reform the unenforceable provision so as to best approximate the parties' intent, and to enforce the provision as reformed. TEXAS LAW SHALL APPLY TO THIS AGREEMENT and its VALIDITY, CONSTRUCTION, INTERPRETATION, NEGOTIATION, PERFORMANCE, DEFAULT AND/OR ENFORCEMENT.

**WARNING:** Under Texas Law (Chapter 87, Civil Practice and remedies Code), an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

LEGAL GUARDIAN/PARENTAL CONSENT: I further understand that the group that my minor is attending with has taken sole responsibility for all youth supervision, including overnight supervision, and is responsible for providing qualified, trained and criminally screened adults to do so in ratios dictated by the rental agreement.

\_\_\_\_\_  
Signature of Participant if over age 18 or                      Print Name                      Date  
Parent/Legal Guardian of Participant

NAME OF GROUP: \_\_\_\_\_

DATE(S) OF RETREAT OR DAY EVENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

YOUTH MINISTRY  
ARCHDIOCESE OF SAN ANTONIO

**PARENTAL/GUARDIAN PERMISSION, RELEASE, AND LIABILITY WAIVER**

PLEASE CAREFULLY READ ALL TERMS BELOW BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR AND YOUR CHILD'S LEGAL RIGHTS:

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

*To Be Completed By Sponsor:*

Activity (please insert description of the activity/event): \_\_\_\_\_

Parish/School/Organization ("Sponsor"): \_\_\_\_\_

Destination: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_ Date and Time of Return: \_\_\_\_\_

**In consideration for Participant, a minor child, being permitted by Sponsor to participate in the Activity, which includes transportation to and from the Activity, I, being the undersigned and the parent/legal guardian of Participant, hereby acknowledge, consent, and agree as follows:**

1. **Consent to Participate and to Transportation.** I hereby consent to Participant's participation in the Activity. I further consent to the transportation of Participant to and from the Activity by means of the method of transportation designated above.
2. **Knowledge of Risks.** I acknowledge and agree that I have been advised by Sponsor and that I understand that participation by Participant in the Activity and the transportation of Participant to and from the Activity may involve serious risks, including, without limitation, death, bodily injury, damage to personal property, and dangers resulting from injury or accident. Knowing the risks, dangers, and hazards involved in Participant's participation in and transportation to the Activity, I nevertheless voluntarily consent and agree to Participant's participation in and transportation to the Activity. **I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY EXPRESSLY AND SPECIFICALLY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY RESULTING FROM OR ARISING OUT OF (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF THE SPONSOR, THE ARCHDIOCESE OF SAN ANTONIO (THE "ARCHDIOCESE"), OR ANY OF THEIR RESPECTIVE AFFILIATES, DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "CHURCH PARTIES") OR OTHERWISE.**  
(Initials) \_\_\_\_\_
3. **RELEASE AND WAIVER.** I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR

**ARISING FROM PARTICIPANT'S PARTICIPATION IN OR SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY EXPRESSLY ACKNOWLEDGE AND AGREE THAT (I) THIS RELEASE DISCHARGES ALL OF THE CHURCH PARTIES FROM ANY AND ALL LIABILITY THAT PARTICIPANT AND I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE AGAINST THE CHURCH PARTIES WITH RESPECT TO THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY; AND (II) THIS RELEASE EXTENDS TO ALL ACTS OF NEGLIGENCE, WHETHER CAUSED BY OR CONTRIBUTED BY ANY OF THE CHURCH PARTIES OR OTHERWISE.** (Initials)\_\_\_\_\_

4. **INDEMNITY. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, UNCONDITIONALLY AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, DEMANDS,COSTS AND EXPENSES OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, (INCLUDING, WITHOUT LMITATION, COURT COSTS AND ATTORNEY'S FEES) INCURRED BY ANY OF THE CHURCH PARTIES RESULTING OR ARISING FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF ANY OF THE CHURCH PARTIES OR OTHERWISE.** (Initials)\_\_\_\_\_

5. **Medical Authorization.** In the event of any injury or illness of Participant during the Activity, I hereby authorize and consent to the transportation of Participant to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if I cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of Participant, and in no event shall any of the Church Parties be required to pay for any such costs or expenses. **I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR ARISING FROM ANY SUCH MEDICAL OR DENTAL TREATMENT RENDERED TO PARTICIPANT.** (Initials)\_\_\_\_\_

6. **Photo/Video Consent and Release.** I hereby authorize Sponsor and the Archdiocese to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the Activity, and I hereby consent to the use, reproduction, and publication of such images by Sponsor and the Archdiocese in connection with the promotion and publicity of the activities of Sponsor and the Archdiocese, including, without limitation, publication of such images on Sponsor's website. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Sponsor or the Archdiocese of any such image of Participant. Such images of Participant shall be the sole property of Sponsor, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by Sponsor or the Archdiocese. (Initials)\_\_\_\_\_

7. **COVENANT NOT TO SUE.** I HEREBY ACKNOWLEDGE AND AGREE THAT I, INDIVIDUALLY OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, WILL NOT INSTITUTE ANY SUIT OR ACTION AT LAW, OR OTHERWISE, AGAINST ANY OF THE CHURCH PARTIES OR INITIATE OR ASSIST IN THE PROSECUTION OF ANY CLAIM FOR DAMAGES, OR CAUSES OF ACTION, WHICH I, INDIVIDUALLY AND/OR IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, MAY HAVE BY REASON OF INJURY OR DEATH TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY RESULTING OR ARISING FROM PARTICIPANT'S PARTICIPATION IN THE ACTIVITY OR SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY. (Initials)\_\_\_\_\_

8. Severability. If any term, covenant, or condition of this Parental/Guardian Permission, Release, and Waiver of Liability (the "Agreement") is, to any extent, invalid, illegal, or unenforceable, I hereby agree that the remainder of this Agreement shall not be affected thereby, and shall, notwithstanding, remain binding, valid and enforceable to the fullest extent permitted by law.

**I COVENANT, CERTIFY AND REPRESENT TO SPONSOR THAT I AM THE PARENT/LEGAL GUARDIAN OF PARTICIPANT AND THAT I HAVE FULL LEGAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF PARTICIPANT. I HAVE (I) FULLY READ THIS AGREEMENT, (II) FULLY UNDERSTAND ITS TERMS, AND (III) AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN. I UNDERSTAND THAT I, ON MY OWN BEHALF AND ON BEHALF OF PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS AGREEMENT. I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME BY ANY OF THE CHURCH PARTIES. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE BY ME AND PARTICIPANT OF ALL LIABILITY AGAINST THE CHURCH PARTIES TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.**

\_\_\_\_\_  
Signature of Participant's Parent/Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant's Parent/Legal Guardian

MEDICAL INFORMATION & EMERGENCY CONTACT

If you are unable to reach me, please contact:  
Name: \_\_\_\_\_  
Relationship to me or my son/daughter: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_

Please include a photocopy of your Insurance Card, front and back.  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medications) and directions for taking this medication, including dosage, frequency and storage are as follows:

\_\_\_\_\_

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission: I grant such permission \_\_\_\_ Yes, \_\_\_\_ No.

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date \_\_\_\_ Yes, \_\_\_\_ No.

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. \_\_\_\_ Yes, \_\_\_\_ No. Please explain: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name (PRINT) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date