

***Consilium Dei* -The Plan of God Discernment Retreat**

St. Mary's Church, Milaca MN

July 28, 2026 9:00 am – July 30, 2026 5:00 pm

Adult Consent Form and Liability Waiver Requirement of the Diocese of St. Cloud

Participant's Name: _____

Age:_____ Date of Birth:_____ Male/Female (circle one)

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell/Business phone: _____

Email:_____

I, _____ grant permission for myself to participate in *Consilium Dei* -The Plan of God Discernment Retreat held at St. Mary's Catholic Church in Milaca, MN. This activity will take place under the guidance and direction of Father Timothy Gapinski and parish volunteers from St. Mary's Parish, Milaca, MN, St. Louis Parish, Foreston, MN, St. Kathryn's Parish, Ogilvie, MN, and St. Mary's Parish, Mora, MN.

As a legal adult, I am legally responsible for any personal actions taken by myself. Appropriate behavior is expected of myself while on this event and I understand if inappropriate behavior occurs, I will be asked to leave.

I agree on behalf of myself, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's Parish, Milaca, MN, St. Louis Parish, Foreston, MN, St. Kathryn's Parish, Ogilvie, MN, and St. Mary's Parish, Mora, MN, their officers, directors, employees and agents, and the Diocese of St. Cloud, MN, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of St. Cloud, MN its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

I hereby release all Church staff and adult advisors from any and all claims, loss, cost, damage or expenses arising out of or from any accident or other occurrence causing injury to any person or property during this retreat.

Signature: _____ Date: _____

I agree that Four Pillars in Faith Area Catholic Community may use photographs from this event for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, I am good health, and I assume all responsibility for my health. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Dietary Needs: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission. Fr. Timothy Gapinski, or his duly authorized representative, to act on my behalf in a medical emergency if I am unable to do so. I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency, if I am unable to speak on my behalf, my emergency contact is:

Name & relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Care Plan Carrier: _____ Policy#: _____

Signature: _____ Date: _____