Operation Pilgrimage!

Archdiocese of Regina Leadership Camps 2016

AUG.15 6:00 p.m. -AUG.18 2:00pm for those ENTERING Grade 10-1st year Univ.	AUG. 19 6:00 p.m. - AUG. 22nd@2:00pm for those ENTERING Grades 7- 9

For info contact Michelle or Braden at 352-1651

OR mbraden@archregina.sk.ca

COST: $140

WHO: *Any student in the Archdiocese is looking for some summer excitement with "No Passport Required"*

WHAT: *A fun-filled, faith-filled experience with a "Pilgrimage" theme! Come enjoy swimming, hiking, games, camp fires, prayer, FOOD! and friendships!*

WHERE: "*Glen Harbor Camp*" *(about 40 minutes from Regina)*

COST: $140.00

HOW: For more info or to register contact Braden or Michelle at 352-1651 OR mbraden@archregina.sk.ca

Registration forms can be mailed to:
445 Broad St. N.
Regina, Sask. S4R 2X8
Attention: Michelle Braden

Cheques can be made out to:
The Archdiocese of Regina

JOURNEY OF Faith

Name:_____

Address:_____

Postal Code:_____

Parish:_____

Email:_____

Grade:_____ Gender: M / F

Phone #:_____

2nd phone # for emergency: _____

Allergies/Medical concerns:_____
_____
_____
_____
_____
_____

I, _____hereby declare that I am the parent or lawfully appointed guardian of_____ (hereinafter called the "Participant").

2. I hereby give permission for the Participant to attend and participate in the This Is Your Life Teen Camp (the "Camp") to be held at Glen Harbour Camp on **(CHECK APPROPRIATE DATE BELOW):**

_____Aug. 15 - Aug. 18, 2016 (if child is ENTERING grade 10- 1st year University)

_____Aug. 19- 22, 2016 if my child is ENTERING grades 7-9.

In consideration of the Participant being permitted to attend and participate in the camp, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, for the Participant and myself, I hereby release and discharge the Archiepiscopal Corporation of Regina, and all of their respective directors, officers, employees, religious, and volunteers, of and from any and all liability, whether in negligence, pursuant to statute or otherwise for any loss, damage, expense or injury, Including death, that the Participant may suffer as a result, directly or indirectly, in whole or in part, of attending or participating in the Camp. On behalf of the Participant and myself, I covenant and agree that neither of us shall ever in any manner assert any claim against any of the released parties mentioned above based on or arising from, directly or indirectly, in whole or in part, any loss sustained as a result of the Participant's attendance or participation in the Camp. I warrant and represent that I am not relying upon any oral or written representations or statements made by or behalf of the Archiepiscopal Corporation of Regina with respect to the safety of the Camp. I agree to allow the registration form for the Participant to be released to the organizers of the Camp. I consent to the use of photographs and video footage, including images of the Participant, taken at the Camp, for the purpose of promoting similar future events. This release and covenant not to sue shall be effective and binding on my personal representatives, heirs and assigns, and those of the Participant.

Date: _____

Signature of Parent or Guardian:_____