

Marist LaValla Weekend Experience
October 6-9, 2023
Esopus, New York



Student Information, Emergency Contact
Parent Permission & Medical Release
Photo Release

Dear Parents/ Guardians:

Your child has been chosen for the LaValla Experience weekend, which will take place at the Marist Brothers' Center at Esopus, October 6-9, 2023. This program has evolved over the past 10 years into a wonderful experience of solidarity and service work. Past work projects have included: constructing the outdoor chapel and peace plaza, the Champagnat Meditation Trail and the outdoor labyrinth. In the past we have shared simulations and presentations of solidarity with those on the margins of society including refugees, those with not enough to eat, and migrants. It has also been a chance to experience the life of the early brothers, in sharing meals, work, prayer and reflection.

During the simulation experiences students can expect to be challenged with difficult and, to some degree, uncomfortable situations facing our world. They should be prepared to spend some time outdoors. Adults will be on hand for supervision at all times.

Attached you will find permission forms and medical and photo release forms. Please sign and return as soon as possible. If you have any questions, they may be directed to your school's adult chaperones or the any of the coordinators listed on the form.

STUDENT CONTACT INFORMATION

Name: _____ **School:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: (_____) _____

Email Address: _____

Shirt Size: _____ **Food Allergies:** _____

PARENT PERMISSION & MEDICAL RELEASE INFORMATION

EVENT: Marist Lavalla Weekend Experience
LOCATION: Marist Brothers' Center at Esopus, NY
PROGRAM MANAGERS: Matt Fallon, Director of Marist Youth and Young Adult Ministry

TELEPHONE CONTACT: Retreat House Number: 845-384-6620

DATES: Friday October 6 through Monday October 9, 2023

REGISTRATION FEE: No Registration Fee is required.

SCHOOL CHAPERONE: _____

PHONE: _____

TRANSPORTATION: Determined by the school

If you would like your son or daughter to participate in the Marist Lavalla Weekend Experience program please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any actions taken by the named student.

I/We hereby consent to participation by my/our child in the Marist Lavalla Weekend Experience, October 6-9, 2023. I/We understand that this event will take place at Marist Brothers' Center at Esopus, NY and that my/our child will be under the supervision of designated school chaperones on the stated dates, with additional oversight provided by the program coordinators. I/We further consent to transportation as determined by the school.

I/we understand the activity will include periods of reflection, discussion, physical activity and deprivation associated with one or all of the solidarity experiences in connection with the LaValla weekend program.

I/We understand and agree that in the event that my child should suffer injury of any sort while participating in this event, that I will not seek to pursue any claims against the supervisors named above, the Marist Brothers, my child's school and / or any of its agents, servants, employees or volunteers, unless such injury is caused by intentional or grossly negligent conduct of the said supervisor(s).

PRINT Parents'/Guardians' Names

Parents'/Guardians' Signatures

Date

EMERGENCY CONTACT & MEDICAL INFORMATION

Person to contact in case of emergency: _____

Relationship to student: _____

Phone Number: (_____) _____

Alternate person to contact: _____
(In the event the person named above is not available)

Relationship to student: _____

Phone Number: (_____)_____

Medical Policy Name: _____ Policy Number: _____

Family Doctor: _____

Doctor's Phone Number: (_____)_____

Please list any medical condition(s), medication(s), or physical restrictions of which we should be aware:

Is your child taking medication that needs to be administered or supervised by medical staff?

_____ YES Explain: _____

_____ NO

Does your child suffer from any allergies that we should be aware of?

_____ YES Explain: _____

_____ NO

In the event of a medical emergency, I hereby give permission for my child to be administered medical attention help by a licensed physician.

Signature of Parent(s) or Guardian(s):

_____ **Date:** _____

PHOTO RELEASE FORM

During the course of the weekend, photos may be taken which highlight some of the people, activities and events which make up the Lavalla Weekend Experience program. These photos may later appear in promotional and informational materials, school yearbooks, PowerPoint presentations, fundraising materials, and in informational articles which may appear on the official website, social media platforms or in electronic or print media publications of the Marist Brothers USA.

I _____, parent/guardian of _____
(Parental Name) (Students' Name)

give permission for photographs or videos to be taken of him/her during the Marist Lavalla Weekend Experience program for use in promotional and informational materials, yearbooks, fundraising materials, and in informational articles which appear on the official website or electronic or print media publications of the Marist Brothers USA. If my child is identified, I understand that this will be by first name only.

Parental Signature

Date