



NET MINISTRIES

is coming to

Howard County, Maryland

“The NET team has INSPIRED and CHALLENGED me...”

MISSION

NET Ministries is an international youth ministry that challenges young Catholics to love Christ and embrace the life of the Church. We fulfill our mission by conducting 1,000 youth retreats across the United States each year.

THE RETREATS

NET retreats range in length from four hours to three days. The theme of the retreats vary, but the basic message is always the same: “In Jesus Christ, the Son of God made man, who died and rose from the dead, salvation is offered to all, as a gift of God’s grace and mercy.” (Evangelization in the Modern World, Pope Paul VI).

THE GOALS OF A NET RETREAT

- To help young people understand and accept God’s unconditional love for them.
- To offer the faith of the team members as a witness to the youth that faith in God is a desirable, acceptable, and exciting part of their lives.
- To encourage young people to grow in their commitment to Jesus Christ and His Church.

“I could feel God here
with me all day at the
retreat. He was an enormous
presence, a sense of peace
and strength supporting me.
I decided to dedicate my
life to Jesus.”
Retreat Attendee

RETREAT DETAILS:

Howard County
Junior High Retreat

All 7th and 8th graders.
Bring a friend!

Sunday, January 28. 11:30 am to 5:30 pm
< starts with Mass.
Parents should attend with youth >

WHO’S INVITED:

WHEN:

WHERE:

Oakland Mills Interfaith Center
5885 Robert Oliver Place
Columbia, MD 21045



Challenging Young Catholics to Love Christ and Embrace the Life of the Church

ARCHDIOCESE OF BALTIMORE
PERMISSION FORM AND RELEASE

Name of Participating Child (Print) _____ Birth Date _____

Address _____

Work Phone: _____

Mobile Phone: _____

Home Phone: _____

Email address: _____

Youth's Facebook Name: _____

Male

Female

Emergency Contact (name and telephone number): _____

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in the following event:

NET Retreat, January 28, 2018

I acknowledge receipt of the attached information sheet describing the planned activity.

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY Saint John the Evangelist, the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under:

policy# _____

issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

- | | | |
|---|--|---|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Benadryl Diphenhydramine | <input type="checkbox"/> Advil/ Ibuprofen |
| <input type="checkbox"/> Imodium/ Antidiarrheal | <input type="checkbox"/> Neosporin/Antibody Ointment | <input type="checkbox"/> Pepto Bismol |

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.:

ADD any dietary restrictions:

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____