

21st Annual **WORLD'S GREATEST**

When: **Saturday, March 5, 9am - Sunday, March 6, 7pm, 2022**

Where: **Bergamo Center for Lifelong Learning**

Cost: **\$100.00** (Includes Food, Lodging and T-shirt)

Pre Registrations Need to be into Bergamo Center No Later Than Feb. 21.

Spaces Are Very Limited this year.

If you are unable to attend the full retreat, we kindly ask you not to register.

This Retreat commonly fills up.

Payment Online (due on or before Feb. 21)

Go Online to <https://bergamocenter.org/> and click the green 'Register for Upcoming Events'

Full payment of \$100 is appreciated. (\$50 is non-refundable.)

If you are unable to send Pre Registration materials electronically or make a full or partial Payment Online then you may send paper forms and checks payable to Bergamo Center at the address below.

All Pre Registration and Payment Online must be complete by Feb. 21

(Final payments not submitted by due date may lose reserved spot.)

Please separate & return the bottom portion of this pre-registration form

Pre Registration (due as soon as possible to reserve a spot)

NAME: _____ M or F

ADDRESS: _____

EMAIL ADDRESS: _____

SCHOOL ATTENDING: _____ GRADE: _____

T-SHIRT SIZE _____

Optional ROOMMATE REQUEST (or request for single room for COVID precautions) _____

Complete this form, sign & scan it and send to: kevink@bergamocenter.org

or...Mail Pre Registration / Release forms to: Bergamo Center
Attn: Kevin Kozlowski
4400 Shakertown Rd.
Beavercreek, OH 45430

Payment, Pre Registration & Permission/Medical Release must be completed to hold a spot.

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

1. I, the custodial parent/legal guardian of (the “Child”), give permission for my Child to participate in the activity described on the Activity Information Form (the “Activity”) and release from all liability, indemnify, and hold harmless the **Bergamo Center**, the Archdiocese of Cincinnati (the “Archdiocese”), the Archbishop of Cincinnati (the “Archbishop”), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys’ fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child’s participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child’s participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Bergamo Center and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Bergamo Center and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Bergamo Center and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. Please indicate. **I [] agree [] do not agree** that the Bergamo Center and/or the Archdiocese may use my Child’s portrait or photograph for promotional purposes, website, and office functions.

6. Please indicate. **I [] agree [] do not agree** that Bergamo Center and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Bergamo Center, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date _____ / _____ / _____

Print Name: _____

Home Address: _____

Place of Employment & Address _____

Child’s Name _____ Birth date _____ / _____ / _____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: Phone No.: _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

SUMMARY OF ACTIVITY INFORMATION

Participant Keep This Information at Home

One-Time Activity

Church Agency **Bergamo Center**

Activity **21st Annual World's Greatest Retreat 2022**

Location **Bergamo Center 4044 Shakertown Rd, Dayton OH 45430** Emergency No. **937-426-2363** Cost **\$100**

Starting Date and Time **3/5/22 – 9 AM** Meeting Place **Bergamo Center**

Ending Date and Time **3/6/22 – 7 PM** Meeting Place **Bergamo Center**

Activities Involved **Faith Building and Sharing, Small Group Activities, Icebreakers, Liturgy, Team Building Activities, Witnessing, Creative Prayers**

Type of Transportation (if any) **On your own**

Group Leader **Kevin Kozlowski**

Telephone No. **937-426-2363**

Other Information _____

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).