



From Shrine to Shrine

Just days away from the start of the Year of Mercy, our dads and boys will gather at Schoenstatt on the Lake in Sleepy Eye, Minnesota on **November 20-22, 2015** for their Fall Weekend. We will combine games, talks and projects, along with hearing how our Blessed Mother leads us from Shrine to Shrine, helping us understand the Merciful Father God. He takes care of us, through his Son Jesus whom we will meet, as the heart of our Shrine here in Sleepy Eye. Join us!

- When?** from Friday Nov. 20th at 7:00 pm
to Sunday Nov. 22nd at 1:00 pm.
- Where?** Schoenstatt on the Lake Retreat House.
Sleepy Eye, MN.
- Cost:** \$65.00 per person
(sheets & towels available for \$5 per person).
- Bring with you:** Your good spirits, sleeping bag and clothes for outside play.
- Leave at home:** Electronic distractions (iPods, games, phones, etc) & snacks.
- Contact:**
Schoenstatt on the Lake: (507) 794-7727 – schoenstattonthelake@schsrsmay.org
Fr. Mark Joseph Niehaus: (262) 409 – 3163 – fr.mjniehaus@gmail.com

----- **FALL FATHER-SON WKND REGISTRATION** ----- **FALL FR-SN WKND-MN-15**

Boys Name _____ Date of Birth _____

Parent or Guardian Name: _____

Telephone: _____ E-mail: _____

Allergies or disabilities? _____

*Please fill out the **Activity Waver Form** found on the back or second page of this registration.
Thanks for your cooperation and hope to see you there!*

Please register with the Schoenstatt Sisters at Schoenstatt on the Lake
♦ 27762 County Road 27- Sleepy Eye, MN 56085 ♦ schoenstattonthelake@schsrsmay.org ♦

Schoenstatt Young Men's Ministry

W284 N746 Cherry Lane ♦ Waukesha, WI 53188
262•548•9061 ♦ fr.mjniehaus@gmail.com

Activity Waiver Form

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment.

I, _____ (print name), age ____ (print age) desire to participate voluntarily in the Schoenstatt Young Men's Fall Father-Son Weekend in Sleepy Eye, Minnesota (activity description and place) taking place on the following date(s) November 20-22, 2015 sponsored by the **Schoenstatt Young Men's Ministry** (*Knights of Jesus and Mary, Schoenstatt Boys and/or Schoenstatt University Men*), run by the Schoenstatt Fathers Community, based in Waukesha, Wisconsin.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY.
I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE MODERATOR OF THE SCHOENSTATT FATHERS AT 262-548-9061.

Assumption of Risks:

I understand that this activity of the Schoenstatt Young Men in which I am participating, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I understand that it is my responsibility to seek the advice of my physician before participating in the above-listed activity. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the Schoenstatt Young Men's Ministry, the Schoenstatt Fathers, the local Catholic Diocese, or any other related Catholic agencies (collectively, the "Releasees"). **I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ Date: _____

Signature of Parent of Guardian (*if participant is under 18 years of age*)

Signature: _____ Date: _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in the above mentioned activity, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Releasees and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasees, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ Date: _____

Signature of Parent of Guardian (*if participant is under 18 years of age*)

Signature: _____ Date: _____

Consent for Emergency Treatment:

I authorize the Schoenstatt Young Men's Ministry and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all the necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____

Signature of Parent of Guardian (*if participant is under 18 years of age*)

Signature: _____ Date: _____