Thank you for your interest in Quo Vadis Days 2018 at Belmont Abbey College. I look forward to our time together.

Quo Vadis Days is an opportunity for you to deepen your faith, develop new friendships and explore the meaning and purpose of your life. Our days together will offer you the opportunity to spend time with priests and seminarians from the Diocese of Charlotte as well as other young men your age who are trying to figure out God's plan. Hopefully, this camp will help you to know Jesus more deeply and help you to discern your vocation in life while having a lot of fun!

On these web pages you will find a list of items you will need to bring with you. Make copies, complete and have signed the Registration Form, Permission/Health Form, Code of Behavior Form, and the Belmont Abbey College Waiver and Hold Harmless Form and mail to Sister Mary Raphael at the address below along with your payment to secure your registration.

Sister Mary Raphael, DVM
1112 S. Belvedere Avenue
Gastonia, NC 28054

Parents, you are most welcome to join us for the closing Mass on Friday, June 15 at 9:30 a.m. in the Basilica on the campus of Belmont Abbey. Your son will be packed up and ready to go home once Mass is concluded. If you are unable to attend Mass, please be prepared to pick up your son promptly at 10:30 a.m. We sincerely appreciate your cooperation for a timely departure from the campus. The staff of Quo Vadis Days and the Diocese of Charlotte are not responsible for young men who are dropped off prior to 3:00 p.m. on Monday, June 11, 2018 or after 11:00 a.m. on Friday, June 15, 2018. If you cannot pick your child up on time, you will find him waiting at campus security.

Once again, I look forward to seeing you June 11-15, 2018 at Belmont Abbey College, 100 Belmont-Mt. Holly Road in Belmont. Please note that check in for the start of camp is Monday, June 11, 2018, between 3:00 p.m. and 5:00 p.m. on the campus of Belmont Abbey College. Upon arrival, please follow the signs to St. Joseph’s Adoration Chapel. Registration takes place in the Quad just past the adoration chapel and parking lot. Signs will be posted to direct you to the check-in location. Should you have any questions before you arrive, please call my office at (704) 370-3402.

Sincerely yours in Christ,

Father Christopher M. Gober
Director of Vocations
QUO VADIS DAYS 2018

Registration

June 11-15, 2018
Belmont Abbey College ~~~ Belmont, North Carolina

Name: ________________________________________________________________

Home Phone: ___________________________ Cell: ___________________________

Address: ________________________________________________________________

City: ___________________________ State: _________ Zip: ______________

School/Current Grade: ___________________________________________________________

E-mail Address: ___________________________ Parish: ___________________________

Age: ___________ Date of Birth: ___________ T-shirt size: (S,M,L,XL,XXL) _______

Participants are advised that photographs or video of participants may be used in publications, websites or other materials produced by the Office of Vocations or the Diocese of Charlotte. Participants would not be identified without specific written consent. Participants who do not wish to be photographed or filmed need to notify the Office in writing. Please note that the Office of Vocations has no control over the use of photographs or film taken by media that may be covering the event in which you participate.

__________________________________________
Signature Date

The cost of Quo Vadis Days is $150.00 per person. This cost includes lodging at Belmont Abbey College, all meals and supplies. If you need financial assistance, please contact your pastor. Make checks payable to the Diocese of Charlotte and return payment, Registration Form, Permission/Health Form (signed by your pastor), signed Code of Behavior and Belmont Abbey College Waiver to:

Office of Vocations
Sister Mary Raphael
1112 S. Belvedere Avenue
Gastonia, NC 28054

Quo Vadis Days
Permission/Health Form
Name: __________________________________________ Phone: _______________________
Address: _______________________________________ City: __________________ State: ______ Zip: __________

Participant's Commitment: I hereby make a personal commitment to participate fully in Quo Vadis Days Camp and to abide by expected standards of conduct.

__________________________________________
(Signature)

As parent/legal guardian of the participant named above, I (we) do hereby give my (our) permission to participate fully in the Quo Vadis Days Camp June 11 – June 15, 2018. I (we) do for myself (ourselves) and for and on behalf of my (our) child referred to here as 'participant' do release, forever discharge, and agree to hold harmless The Office of Vocations, its directors, employees, and agents thereof from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I (we) on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event. I (we) hereby authorize Sister Mary Raphael to admit the participant to a doctor, hospital, or other licensed health care provider for medical treatment and assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I (we) do hereby assume responsibility for the participant’s transportation home and any costs related thereto.

Emergency Contact: Name: __________________________ Relationship: __________________________
Phone Number: __________________________
Health Information: Are there any conditions or allergies which may affect the participant's involvement in the above event?
YES ______ NO ______ If YES, why?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Is there any physician prescribed medication which the participant may be taking during the above event?
YES ______ NO ______ If YES, please provide name, dosage, and potential side effects of said medications:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Name and phone number of physician and Health/Medical Insurance:
Primary Healthcare Provider: __________________________ Phone: __________________________
Insurance Company: __________________________ Policy Number: __________________________

I (we) understand and hereby agree to the terms and conditions of the participant's involvement in the above described event.

Signature of Parent/Guardian and Daytime Phone __________________________________________

Pastor’s Recommendation: As pastor of this young man, I recommend him for participation in the Quo Vadis Days camp.

Pastor’s Signature: __________________________________________

Please mail all forms along with your payment to: Sr. Mary Raphael, 1112 S. Belvedere Avenue, Gastonia, NC 28054. Make checks payable to the Diocese of Charlotte.
Office of Vocations

CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants who are minors may not leave the premises unless accompanied by an adult leader, parent or legal guardian.

2. The possession or use of alcohol, tobacco, drugs or weapons of any kind is not permitted.

3. Foul language is not tolerated.

4. Participants must heed any and all directions of activity staff.

5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant’s parents/legal guardians.

6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

PARENTAL CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned parents of ________________________________ (Minor’s full name), hereby consent to the release of photographs and name of minor to be used by the Office of Vocations, Roman Catholic Diocese of Charlotte for future promotional programs of the Diocese. If you have any questions or concerns, please contact Lainie Lord at 704-370-3401.

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT

Participant’s signature: ________________________________

Parent/Legal Guardian signature: ________________________________
Items to bring to Quo Vadis Days:

☐ Bed sheets for twin size bed or sleeping bag/pillow
   No blankets are provided; please bring your own.

☐ Shorter Christian Prayer Book (used last year, if you have one)

☐ Bath towel(s)

☐ Personal items to include all toiletries

☐ Rubber soled shoes (athletic shoes)

☐ Attire for Mass - long pants, NO shorts/blue jeans

☐ Comfortable clothes for day and athletic activities

☐ Bible and other spiritual reading

☐ Musical Instrument or other Talent Show related items
WAIVER AND HOLD HARMLESS FORM

1. In consideration for receiving housing in the dormitories of Belmont Abbey College, and having Quo Vadis Days Retreat and participation activities tied June 11-15, 2018 (herein referred to as “ACTIVITY”) at, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS for any and all purposes SPONSOR; The Southern Benedictine Society of North Carolina, Incorporated; The Board of Trustees for Sponsor; their officers; members; servants; agents; volunteers; or employees (herein referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such ACTIVITY, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the negligence of RELEASEES.

2. I am fully aware that there are inherent risks involved with this ACTIVITY, and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of participating in said ACTIVITY including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my participation in said ACTIVITY.

3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this ACTIVITY or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of North Carolina.

5. In signing this Covenant Not to Sue and Agreement to Hold harmless, I acknowledge and represent that (i) I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless; (ii) I have had an opportunity to have it reviewed by my attorney, if I so desired; (iii) I understand it and sign it voluntarily as my own free act and deed; and (iv) no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. THE WAIVERS MUST BE TURNED IN TO RITA LEWIS THE FIRST DAY OF THE EVENT.

_________________________________  _____________________________
Participant Printed Name                                             Witness Printed Name

_________________________________
Participant Signature

_________________________________
Witness Signature

_________________________   _____________________________
Date                                                                                     Date
**Release of Liability & Assumption**

I acknowledge that participating on all rides entails risks that could result in physical or emotional injury, paralysis, death, injury or damage to me, to property, or to third parties. I understand that the risks cannot be eliminated without jeopardizing the essential qualities of the activity. The risks could result in musculoskeletal injuries, including head, neck, back injuries or others not named

2. I accept and assume all the risks of participating in this activity. My or my child’s participation in this activity is purely voluntary and I elect to participate in spite of the risks.

3. I release and agree to indemnify and hold harmless Jumpin Jacks Party Rentals from any claims that are in any way connected with me or my son’s participation in this activity.

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ADULT HOLD HARMLESS / INDEMNITY AGREEMENT

(Return Completed Form to Parish/School/Agency)

NAME: ________________________________________________________________

ACTIVITY: _____________________________________________________________

DATE AND LOCATION: ___________________________________________________

PARISH/SCHOOL/AGENCY: _______________________________________________

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I, hereby, release and discharge the Diocese of Charlotte, its constituent organizations, including but not limited to said Parish/School/Agency and their officers, agents, and employees, from any and all rights and/or claims I may have or hereafter acquire, for personal injuries, property damage or other, that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described above.

I, hereby, warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

Photo Release

I, and on behalf of my family, heirs, and assigns, hereby grant to the Parish/School/Agency and/or The Roman Catholic Diocese of Charlotte herein referred to collectively as the “Diocese”, permission to record on photography film and/or video, whether digital or otherwise, pictures, images and/or reproductions of my participation and/or my families participation in this activity. I agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, social media, internet or other printed materials that the Diocese deems to be an appropriate use, and further that such use shall be without payment of fees, royalties, special credit or other compensation. I agree to indemnify and hold harmless the Diocese, its agents, representatives and assigns from any and all claims regarding the use of said material. Furthermore, I hereby waive any and all claims that I may have, or hereafter acquire, regarding the use of said material by the Diocese, its agents, representatives and assigns. This release shall not expire unless revoked by me in writing.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

Name: ___________________________ Signature: ___________________________ Date: __________

(Print)

NOTE: Where an employee of the Diocese is participating in such an activity the following paragraph should be included:

"My participation in this activity will be conducted on my own time and not on my time as an employee of __________. Further, this participation on my part is for my own personal benefit, is voluntary on my part, and is not as a result of any suggestion or direction of my said employer or anyone acting on its behalf. I am fully aware that any injury I may incur as a result of such participation will not be considered as a work-incurred injury, or one arising out of or in the course and scope of my employment."
MINOR PARTICIPANT WAIVER AND RELEASE OF CLAIM
(RETURN COMPLETED FORM TO PARISH/SCHOOL/AGENCY)

Dear Parent or Legal Guardian:

Your son/daughter/ward is eligible to participate in the Diocesan-sponsored activity that is described below. Participation in the activity may require personal transportation to locations away from your home site. This activity will take place under the guidance and supervision of adult chaperones.

If you would like the child named herein to participate in this event, please complete, sign and return the following statement of consent and release of liability.

Name of minor child: ___________________________ Birth date: ___________ Sex: ______

Parent/Guardian Name: _________________________ Address: __________________

Emergency Contact Information: Home phone: ___________________ Work/Cell phone: __________________

Accident/Hospitalization Policy Name: _____________________________

I hereby grant permission for the above named child to participate in the following activity:

________________________________________________________________________

________________________________________________________________________

The undersigned, on behalf of themselves, their heirs, successors, and assigns, and on behalf of the above named child, their heirs, successors, and assigns, hereby waive and release the Roman Catholic Diocese of Charlotte, its officers, directors, employees, representatives and agents, from any and all claims arising from or in connection with the activity referred to herein, without limitation.

I consent to the method of transportation and the conditions of said event and/or activity. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor child. I agree on behalf of myself, the above-named minor child, our heirs, successors, and assigns, to hold harmless and defend, the Roman Catholic Diocese of Charlotte, its officers, directors, employees, chaperones, representatives and agents, and any other participating entity or institution, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with the above named child participating in the activities, or in connection with any illness or injury (including death) and/or cost of medical treatment in connection therewith, without limitation, and I agree to compensate the supervising entity or institution, its officers, directors and agents, and the Roman Catholic Diocese of Charlotte, its officers, directors, employees, chaperones, representatives and agents associated with the activities for reasonable attorney’s fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

My child has the following restrictions and/or limitations:

________________________________________________________________________

Does your child have any restrictions, limitations, special needs and/or medical needs? YES _____ NO ____, IF YOU ANSWERED YES, ATTACH A DETAILED DESCRIPTION OF ANY RESTRICTIONS, LIMITATIONS, SPECIAL NEEDS, MEDICAL NEEDS, ALLERGIES, PRESCRIPTIONS, MEDICATIONS, AND OTHER INFORMATION THAT YOU DEEM NECESSARY TO PROTECT YOUR CHILD. It is your responsibility to make arrangements to have any medications administered to your child. Parish/School/Staff and volunteers WILL NOT administer ANY medications without prior arrangements. I understand and agree that the failure to attach said report shall be conclusive proof, for all matters, that my child is in good health and I assume all responsibilities for the health of my child.

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In case of an emergency, I give my permission for the above named child to be taken to a physician and/or hospital, by either the supervisor in charge, or by an adult authorized by the supervisor in charge, and to be administered any and all medication reasonably necessary for treatment. I understand that every reasonable effort will be made to contact me. If I cannot be reached, however, I hereby give permission to hospitalize and secure proper treatment (including surgery and medication) for the above named child. The cost of any medical care or treatment obtained for the benefit of the above named child shall be my expense and not paid by the Roman Catholic Diocese of Charlotte.

Parent / Guardian Signature: ___________________________ Date: ___________

Risk Management and Insurance Manual – Interim Form Rev.3 7.A