

SCHOENSTATT YOUNG MEN—SPRING FATHER/SON WEEKEND 2024

Our Mission in Life

March 22-24, 2024

When God thought of each of us at the beginning of time, he had some plan for us. That is why he gave us our specific gifts, family, personality and even difficulties. We will dig into the originality that each of us has on our annual Spring Father-Son weekend at the Schoenstatt on the Lake retreat house in Sleepy Eye, MN. Join us there March 22-24, 2024, to learn, share, pray and play as a group. This event is for dads and boys ages 10-18. See you then!



When? Friday, March 22 at 7:00 pm to Sunday, March 24 at 1:00 pm.

Where? At Schoenstatt on the Lake in Sleepy Eye, Minnesota.

Cost: \$95.00 per boy and \$130.00 per adult (age 16+); Contact Fr. Mark for scholarship help. (To use sheets and towels, please add \$5 per person)

Bring: Your good spirits, sleeping bag and clothes for outside play.

Tell us: Of any dietary or health issues.

Leave home: Your electronic distractions and extra snacks.

For info: Schoenstatt Sisters (507)794-7727 schoenstattmn@gmail.com
or: Fr. Mark Niehaus (262)409-3163 fr.mjniehaus@gmail.com

----- **SPRING FATHER/SON WEEKEND REGISTRATION** ----- **SE-MN 2024**

Boys Name _____ Date of Birth _____

Parent or Guardian Name: _____

Address: _____

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 by March 12, 2024

◆ (507) 794-7727 ◆ 27762 County Road 27- Sleepy Eye, MN 56085

◆ schoenstattmn@gmail.com ◆

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 Father/Son Weekend at Schoenstatt on the Lake in Sleepy Eye, MN (activity description) taking place on the following date(s) March 22-24, 2024 (month/date/year) 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: _____