

Continued from previous side...

I request my child, _____ attend the QUEST retreat held at St. Mary's Catholic Church in Grinnell, Ia on March 3 & 4, 2007. In the event of illness or injury, the adults in charge have permission to secure medical care for my child. I acknowledge that I am responsible for all reasonable charges in connection with any care or treatment rendered. I hereby release the Diocese of Davenport, the sponsoring parish and all adult supervisors from any claim arising out of, or from any accident or other occurrence, causing injury to any person or property during this event.

It is further understood that if my child is caught in a wrongful act that I will be called anytime day or night and expected to pick him/her up immediately.

_____ Date _____

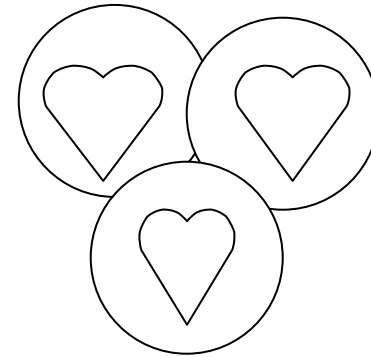
Parent/Guardian Signature

Return this half by February 23rd, 2007 to: Crystal DeNeve
1013 Broad Street
Grinnell, IA 50112

If you have questions please contact

Crystal at 641/236-8838 or faithsmc@iowatelecom.net

Quest



Love of Self
Love of Others
Love of God

March 3 & 4, 2007

St. Mary's in Grinnell, Iowa