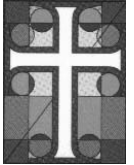


Gonzaga Preparatory School



**SOLVERE WOMENS RETREAT PERMISSION FORM**

***This form must be completely filled out and signed for the student to participate.  
Return to Theology or P.E. Teacher by Friday, April 13<sup>th</sup>.***

By signing this form, you are giving permission for your student, \_\_\_\_\_, to participate in the Solvere Retreat for sophomore **ladies**. Retreatants will meet in Prep’s chapel at 7:45am on Monday, April 23<sup>rd</sup>. They will be bussed to Ross Point Camp & Conference Center in Post Falls, ID, and return to Prep by 2:30pm on Monday, April 23<sup>rd</sup>. Lunch will be provided, so please follow the link below **by Friday, April 13<sup>th</sup>** to complete a dietary request for the retreat center. **Gonzaga Prep & Ross Point cannot accommodate any dietary needs reported after April 13<sup>th</sup>, so affected students would need to bring their own lunches on retreat day. If your student does not need a dietary accommodation, there is no need to follow the link below.** Students should leave iPads and valuables at home and will be asked to keep cell phones in a contained area while engaging in activities. In an emergency, please contact Mrs. Jennifer Christopher at 509-999-5128.

Dietary Link: <http://rosspoint.org/registration/special-dietary-requests>  
Where the link asks for Group Name, please enter “Gonzaga Prep.”

**TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN**

By signing below, I acknowledge that I have legal custody and responsibility for the student named on this sheet. Additionally, I give my permission for this student to participate in all aspects of this retreat sponsored by Gonzaga Prep. By signing below, the student and student’s parent(s) / guardian(s) hereby release all personal injury and property damage claims against Gonzaga Preparatory School and all of its employees and agents (collectively referred to as “GPS”) arising from or relating to the student’s participation in this field trip. **By signing I agree to allow emergency medical procedures to be performed as needed by qualified personnel.**

Printed name of student: \_\_\_\_\_ Date: \_\_\_\_\_

List allergies, medical conditions, etc.  
\_\_\_\_\_

List dietary considerations, & please report food requests via the link outlined above:  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Printed name of parent/guardian & relationship: \_\_\_\_\_