

**YOUTH CONVERSION EXPERIENCE RETREAT #16**  
**Parent/Guardian's Consent Form for Participants below 21 years of age\*\***

*\*\* Refers to participants who are not 21 years of age as at 13 June 2019*

I, the undersigned, hereby consent to \_\_\_\_\_ (name as in NRIC/Passport), NRIC/Passport Number \_\_\_\_\_, who is my child/ward\* participating in the above-mentioned YOUTH CONVERSION EXPERIENCE RETREAT #16 (the "Retreat"), a 4-day stay-in retreat organised by the Catholic Spirituality Centre ("CSC") and held at their premises at 1261 Upper Serangoon Road, Singapore 534796 ("the Centre") from 13 to 16 June 2019. I will take responsibility for my child/ward\* abiding by the CSC House Rules for the Retreat, and stay in at CSC at all times during the Retreat.

**I hereby give consent** to CSC to retain the information provided in all sections of the Registration Form and all sections of this form (**Form B**) and using the information for the activities and operations of CSC including but not limited to future outreach and informing the parish church of my child/ward's\* attendance, knowing that CSC will abide by Singapore's Personal Data Protection Act 2012 ("**PDPA**").

**I hereby affirm** that my child/ward\* has full consent of the person(s) listed as his/her preferred roommate (if any) and of the emergency contact person to disclose his/her name and contact details to CSC and I will indemnify CSC for any breaches thereof.

**I am also aware** that my child/ward\* may be photographed during the Retreat and **hereby acknowledge** that these photographs are the property of CSC and no compensation will be given to me if these photographs are used by CSC for promotional purposes.

**I hereby declare that:** *(please tick where applicable)*

my child/ward\* is fully fit to participate in the Retreat

my child/ward's\* doctor has certified him/her\* fit to participate in the Retreat

which may be intensive, and which would involve physical activities (eg. games). I am fully aware of the possible risks involved in participating in the Retreat and I willingly accept all possible risks involved, including but not limited to, physical and/or emotional discomfort and reactions. I confirm that my child/ward\* has voluntarily agreed to participate in the Retreat.

In consideration of CSC permitting my child/ward\* to participate in the Retreat, and except for death or personal injury resulting from CSC's gross negligence, I shall not hold CSC, its owners, servants, agents, leaders, staff and/or volunteers responsible or in any way liable for any death, injury, disability, loss, damage or expenses whatsoever, including legal fees, arising in connection with the Retreat and my child/ward's participation therein.

In the interest of my child/ward's\* health and well-being, if my child/ward\* has not been feeling well lately, or has trouble sleeping, or is under treatment or medication for depression and/or other forms of psychological concerns, I will seek the advice of the doctor prior to my child/ward\* participating in the Retreat. I understand and shall ensure that my child/ward\* will continue to take all forms of medications as prescribed by his/her doctor during and subsequent to the Retreat, and I will seek confirmation from his/her doctor prior to stopping any medication

I agree that if any provision of this Indemnity Form or part thereof is rendered void, illegal or unenforceable by any legislation or law to which it is subject, it shall be rendered void, illegal or unenforceable to that extent and it shall in no way affect or prejudice the enforceability of the remainder of such provision or the other provisions of this Indemnity Form.

*\*Please delete where applicable.*

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Name of Parent/Guardian (as in NRIC/Passport)      Signature and Date

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Parent/Guardian's NRIC/Passport No.

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Parent/Guardian's Contact Number