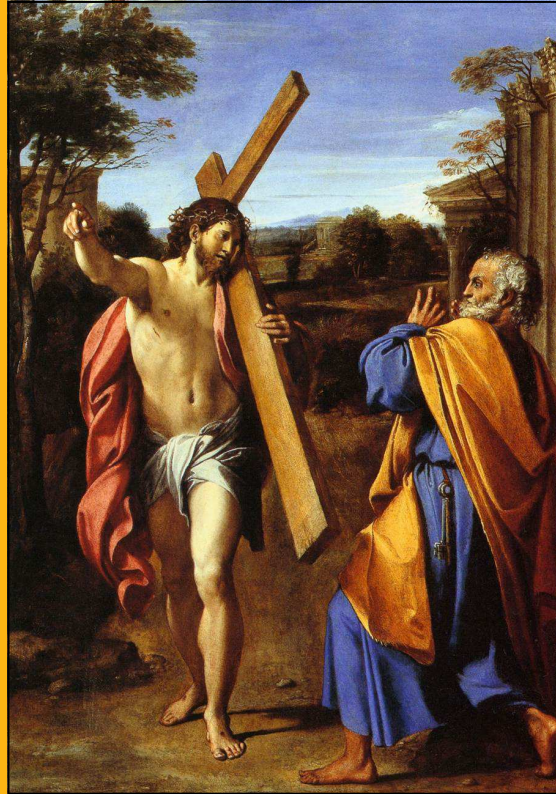


QUO VADIS



A Retreat for Young Men

June 12, 10 a.m. - June 13, 4 p.m.

St. Thomas More Catholic Church in Austin



Diocese of Austin
The Catholic Church of Central Texas

Quo Vadis (Latin for “Where are you going?”) is a 2-day retreat designed to help young men in high school grow spiritually and allow them to think and pray about what God might be asking them to become. The retreat is for incoming freshmen to incoming seniors from throughout the Diocese of Austin. Participants will have the opportunity to explore the themes of prayer, virtue, leadership, and discernment. The retreat includes Mass, Adoration, time for fun & recreation, and the opportunity to get to know other young men pursuing holiness from around the Diocese. The retreat is staffed by seminarians preparing for the priesthood and is sponsored by the Diocese of Austin Vocation Office.

To register, complete the *Registration Form and Parental Consent Form* on the back. Retreat cost: \$25. Registration deadline: June 4, 2010.

For more information, contact the Vocation Office at vocations@austindiocese.org and (512) 949-2430.

Diocese of Austin
Quo Vadis: A Retreat for Young Men
Registration Form and Parental Consent

Please print clearly or type.

Name _____ Birth date (mo/day/yr) _____

Address _____

City _____ Zip Code _____ Age _____

Email for confirmation of registration _____

Parish _____

Grade just completed _____ School _____

Names of Parents/Guardians _____

Home Phone (_____) _____ Emergency or Cell phone (_____) _____

Medication(s) my son is taking _____

(A physician's prescription or parent note must accompany all medications and/or be attached to this form.)

Allergies _____

Insurance Carrier _____ Insurance Policy Number _____

Please attach a copy (front and back) of your son's insurance ID card.

For Parents: *I, the parent/guardian of _____*

give my permission for our son/guardianship to attend Quo Vadis: A Retreat for Young Men. It is my belief that this young man possesses the level of maturity and responsibility that is expected of a participant.

I do hereby, for myself, my spouse, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, the Roman Catholic Diocese of Austin, Quo Vadis: A Retreat for Young Men, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing/event(s) named above, provided that said injuries are not the result of gross, willful negligence.

I likewise release from liability any person(s), airline, bus company, or other transportation services, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I agree that if the above named child's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my sole responsibility.

Parent(s) signature _____ Date _____

Registration form/parental consent and insurance ID card are due no later than **June 4, 2010** to the Diocese of Austin, Vocation Office, 6225 U.S. Hwy 290 East, Austin, TX 78723. Please make checks payable to the *Diocese of Austin*.

A confirmation email with details and a map will be mailed to *registered* participants after deadline date.