



# The Roman Catholic Diocese of Charlotte

## Office of Vocations

Thank you for your interest in *Talitha Koum* 2024 at **Belmont Abbey College**. I look forward to our time together.

*Talitha Koum* is an opportunity for you to deepen your faith, develop new friendships, and explore the meaning and purpose of your life. I hope that this camp will help you to know Jesus more deeply and help you to discern your vocation in life while having a lot of fun!

I look forward to seeing you Monday, June, 2024, at Belmont Abbey College, 100 Belmont-Mt. Holly Road in Belmont. Please note that check-in for the start of the retreat is **Monday, June 24, 2024, at 8 a.m.** Upon arrival, please follow the signs to the Belmont Abbey Student Center. Signs will be posted to direct you to the check-in location.

Please **print, complete, and sign** the forms in this packet. **Bring these forms with you** (please do not mail) to the *Talitha Koum* registration table at the **Belmont Abbey College Student Center**. The **\$25.00 registration fee** must be received by **Monday, June 17, 2024**. We accept online credit card payments (link sent by email), checks and money orders (payable to **Diocese of Charlotte**). **Please mail your registration fee to:** Office of Vocations, Diocese of Charlotte, 1123 South Church Street, Charlotte, NC 28203.

Parents, **please be prepared to pick up your daughter promptly at 4 p.m.** at the Belmont Abbey Student Center. We sincerely appreciate your cooperation for a timely departure from the campus. ***The staff of Talitha Koum the Diocese of Charlotte are not responsible for young women who are dropped off prior to 8:00 a.m. or picked up after 4 p.m. on Monday, June 24, 2024. If you cannot pick your child up on time, you will find her waiting at campus security.*** We sincerely appreciate your cooperation for a timely departure from the college.

Should you have any questions before you arrive, please call my office at (704) 370-3248. Know of our prayers for you!

Sincerely yours in Christ,

Sister Mary Jacinta, Daughters of the Virgin Mother

# Talitha Koum 2024

## Permissions/Code of Behavior

June 24, 2024

Belmont Abbey College ~ Belmont, North Carolina

The undersigned, hereby states and agrees as follows:

**General Release:** I, on behalf of myself and my child(ren), our heirs, successors, and assigns, hereby waive and release the Roman Catholic Diocese of Charlotte and/or any other entity operating under the direction of said Diocese, including but not limited to, any school, parish, church, organization and its authorized representatives, its officers, directors, employees, representatives and agents, herein referred to collectively as the "Diocese", from any and all claims arising from or in connection with the activity referred to herein, without limitation.

**Photo Release:** I, and on behalf of my family, heirs, and assigns, hereby grant to, permission to record on photography film and/or video, whether digital or otherwise, pictures, images and/or reproductions of my participation and/or my child(ren)'s participation in any event that is sponsored by and/or supported by said Diocese. I agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, social media, internet or other printed materials that the Diocese deems to be an appropriate use, and further that such use shall be without payment of fees, royalties, special credit or other compensation. I agree to indemnify and hold harmless the Diocese, its agents, representatives and assigns from any and all claims regarding the use of said material. Furthermore, I hereby waive any and all claims that I may have, or hereafter acquire, regarding the use of said material by the Diocese, its agents, representatives, and assigns.

**Medical Release and Information:** I and/or my child has the following restrictions and/or limitations:

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Does your child have any restrictions, limitations, special needs and/or medical needs? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YOU ANSWERED YES, ATTACH A DETAILED DESCRIPTION OF ANY RESTRICTIONS, LIMITATIONS, SPECIAL NEEDS, MEDICAL NEEDS, ALLERGIES, PRESCRIPTIONS, MEDICATIONS, AND OTHER INFORMATION THAT YOU DEEM NECESSARY TO PROTECT YOUR CHILD.** It is your responsibility to make arrangements to have any medications administered to your child. Parish/School/Staff and volunteers WILL NOT administer ANY medications without prior arrangements. I understand and agree that the failure to attach said report shall be conclusive proof, for all matters, that my child is in good health and I assume all responsibilities for the health of my child. The above waiver and release specifically applies to the administration of any medications as referred to herein.

With the exception of the above, I hereby warrant that to the best of my knowledge and my child is in good health. I assume all responsibility for the health of my child, without limitation.

In case of an emergency, I give my permission for the above-named child to be taken to a physician and/or hospital, by either the supervisor in charge, or by an adult authorized by the supervisor in charge, and to be administered any and all medication reasonably necessary for treatment. I understand that every reasonable effort will be made to contact me. If I cannot be reached, however, I hereby give permission to hospitalize and secure proper treatment (including surgery and medication) for the above-named child. The cost of any medical care or treatment obtained for the benefit of the above-named child shall be my expense and not paid by the Roman Catholic Diocese of Charlotte.

### CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants who are minors may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Participants must heed any and all directions of activity staff.
5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

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Signature of Participant

Date

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Signature of Parent/Guardian

Date



## WAIVER AND HOLD HARMLESS FORM

1. In consideration of activities of **Talitha Koum Retreat** for the date of **June 24, 2024**, herein referred to as “ACTIVITY,” at Belmont Abbey College, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS for any and all purposes SPONSOR; The Southern Benedictine Society of North Carolina, Incorporated; The Board of Trustees for Sponsor; their officers; members; servants; agents; volunteers; or employees (herein referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such ACTIVITY, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the negligence of RELEASEES.
2. I am fully aware that there are inherent risks involved with this ACTIVITY, and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of participating in said ACTIVITY including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage, or costs, including court costs and attorney’s fees that may occur as a result of my participation in said ACTIVITY.
3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this ACTIVITY or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of North Carolina.
5. In signing this Covenant Not to Sue and Agreement to Hold harmless, I acknowledge and represent that (i.) I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless; (ii) I have had an opportunity to have it reviewed by my attorney, if I so desired; (iii) I understand it and sign it voluntarily as my own free act and deed; and (iv) no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future.

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



*Office of Vocations*

**Items to bring to Talitha Koum:**

1. Rosary
2. Journal
3. Bible
4. Small bag to carry throughout the day  
(ex. Draw string backpack, shoulder bag, etc.)

***\*\*All clothes worn should be modest in nature.  
Please do not wear short shorts, skirts, or dresses.\*\****