

**Archdiocese of Los Angeles**  
**St. Louise De Marillac Confirmation Ministry**  
1720 E. Covina Ave  
Covina, CA 91724-1640  
(626) 331-1512

**1<sup>st</sup> Year Confirmation Retreat Waiver Form**

To the coordinator of the St. Louise De Marillac Confirmation Director: I, hereby, consent to

**Name:** \_\_\_\_\_

To participate at: 1<sup>st</sup> year Confirmation One Day Retreat on **Sunday May 2, 2010**

**Located at: Mater Dolorosa Passionist Retreat Center**

**700 N. Sunnyside Ave**

**Sierra Madre, CA 91024 / 626-355-7188**

I agree to cooperate and conform to directions and instructions of the supervisory personnel in charge. Should it be necessary for me to have medical treatment while participating at **1<sup>st</sup> Year Confirmation Retreat**, I, hereby, give the personnel permission to use their judgment in obtaining medical service me, and I give permission to the physician selected by the Confirmation Director and staff of St. Louise De Marillac Parishioner, to render medical treatment deemed necessary and appropriate by the physician?

I agree that in the event my injured as a result of his or her participating at **1<sup>st</sup> Year Confirmation Retreat**, including transportation to and from such activity, through the negligence (active or passive) of the parish, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be held against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse. I give St. Louise staff/ volunteers to take pictures of me for the Media and Internet promotions for the Confirmation Ministry.

**Food & Medication Your Child is allergic too.** \_\_\_\_\_

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**Emergency Contact >> Name & Phone Number**

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**Signature of Adult**

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**Home Address**

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**Home Phone**

**Work Phone**

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**Date**

**(Please arrive at the retreat Center at 9:00 a.m.)**