

Archdiocese of Los Angeles
St. Louise De Marillac Confirmation Ministry
1720 E. Covina Ave
Covina, CA 91724-1640
(626) 915-7873 ext. 222

2nd Year Confirmation Retreat Waiver Form

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

Name: _____

**To participate at: 2nd Yr. Confirmation Retreat at
SA HA LE Lodge
39873 Crocus Dr. / P.O. Box 13 Big Bear Lake, California 92315
Tel: 909-866-4155**

Dates: April 9 – 10 -11, 2010

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 **Confirmation Retreat 2010**, 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 **Confirmation Retreat 2010**, 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. _____

Emergency Contact >> Name & Phone Number

Signature of Adult

Home Address

Home Phone

Work Phone

Date

(Departing from Parish Parking Lot Friday Night April 9 at 6:00 p.m.)