



SOUTHERN CALIFORNIA KOREAN CATHOLICS
YOUNG ADULT RETREAT 2016: AWAKEN

INFORMATION ON RETREAT	
Date & Time:	November 25-27, 2016 (begins at 7:30 PM on November 25)
Location:	Divine Word Seminary / Missionaries, 11316 Cypress Ave., Riverside, CA 92505
Cost:	\$140
How do I register?	Turn in your registration form & payment (cash or check) to your parish representatives.
When is the deadline?	All forms/payments are DUE BY SUNDAY, NOVEMBER 20, 2016.
Who do I make the check to?	Korean Martyrs Catholic Center

PARTICIPANT INFORMATION:	
Name:	Parish:
Date of Birth (M/D/Y):	Cell Phone #:
Email Address:	
Address (Street #, Name, City, Zip Code):	
Any allergies/dietary restrictions?	
Are you willing to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where will you be departing from on Friday, November 25th? (Address/City-this will help us determine a carpooling group for you):	

FOR ADMINISTRATIVE USE ONLY:

Paid: Y / N Cash: _____ Check#: _____ Received by: _____

Diocese of Orange
La Purisima Catholic Church
Adult Waiver & Release Form

Event/Program: LP - Fortes in Fide Retreat 2016

Location: Divine Word Seminary / Missionaries, 11316 Cypress Ave., Riverside, CA 92505

Date(s): November 25 – 27, 2016

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(Please Print)

<i>Participants Name:</i>		<i>Date of Birth:</i>	
<i>Home Phone:</i>		<i>Work Phone:</i>	
<i>Physician:</i>		<i>Phone:</i>	
<i>Insurance Company:</i>		<i>Policy No.:</i>	
<i>Allergies/ Medical Problems/ Disabilities:</i>			

Person to notify in case of emergency:

<i>Name:</i>		<i>Phone:</i>	
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I wish to participate in the activity described above, and as a condition of my being allowed to do so, I, hereby, release and discharge the Diocese of Orange, its constituent organizations including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, La Purisima Catholic Church and their officers, employees and volunteers from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in any activity described above, whether or not such injuries or damages are caused by the negligence (active and passive), of any of the entities, individuals named or described above.

I, hereby warrant and represent that I am physically fit and capable of participating in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of the said medical doctor.

I agree to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use. I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

Signature: _____ *Date* _____