

**ST. LOUIS DE MONTFORT PARISH
PRESENTS OUR 22ND ANNUAL
PILGRIMAGE**

Please Print. Fill out one form for each participant.

Amount enclosed: _____
Check _____ Cash _____

Name of walker

Parish

Address/City

Phone

Medical Information/Medical condition/Medication

In case of an emergency, please notify: (name/phone #)

MEDICAL RELEASE

I hereby waive any and all claims for damages against **St. Louis de Montfort Church** and its authorized personnel of any kind or character which may arise out of participation.

I _____ authorize the authorities of St. Louis de Montfort Church, into whose care said person is entrusted, consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said person under the provisions of the California Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned persons in the exercise of their best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.B of the Civil Code of California, and shall remain effective unless revoked in writing and delivered to the Coordinator of the pilgrimage, the pastor or the associate pastors of St. Louis de Montfort Church.

Participants do not have exclusive use of the County roads, California Vehicle Code must be complied with and due caution must be exercised.

Signature of participant or parent/guardian if under age

Date

Contact the rectory at 937-4555,
Sharon Domingues gsgirls@msn.com or Lydia Marin 708-1946