

Spiritual Exercises of Ignatius of Loyola for Men

Silent Retreat from Oct. 4th –6th

Camp St. Francis of Assisi: 2320 Sumner Ave., Aptos, CA 95003

This silent retreat is a condensed version of the Spiritual Exercises of St. Ignatius of Loyola, preached in English and Spanish separately by an IVE priest. The weekend will include: meditations, talks, Mass, adoration, as well as an opportunity for Confession and spiritual advice.

Retreat Information:

The cost of the retreat is \$125, cash only. Submit your completed registration forms and payment to Our Lady of Peace parish office no later than Friday, September 27th. Please arrive at Camp St. Francis by 1:15 pm on October 4th. Transportation will not be offered, so please make your own arrangements.

If you need information, please email Mother Revelacion at adult.edu@olop-shrine.org or call the parish office at (408)988-4585.

Items to Bring:

Blanket/Bedsheet or sleeping bag, pillow, Toiletries, Shower shoes, Towels, Rosary, Notebook, Bible, Pen/Pencil, Spiritual Exercise book (can be purchased for \$30, cash only)

Optional Items:

Saint or Spiritual book for free time reading, Wrist watch, Flashlight, Sunscreen, Backpack

SAVE THE DATE: Women's Spiritual Exercises on December 13th-15th



Spiritual Exercises of Ignatius of Loyola for Men

Silent Retreat from Oct. 4th –6th

Camp St. Francis of Assisi: 2320 Sumner Ave., Aptos, CA 95003

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Email: _____

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Emergency _____ Phone Number: _____

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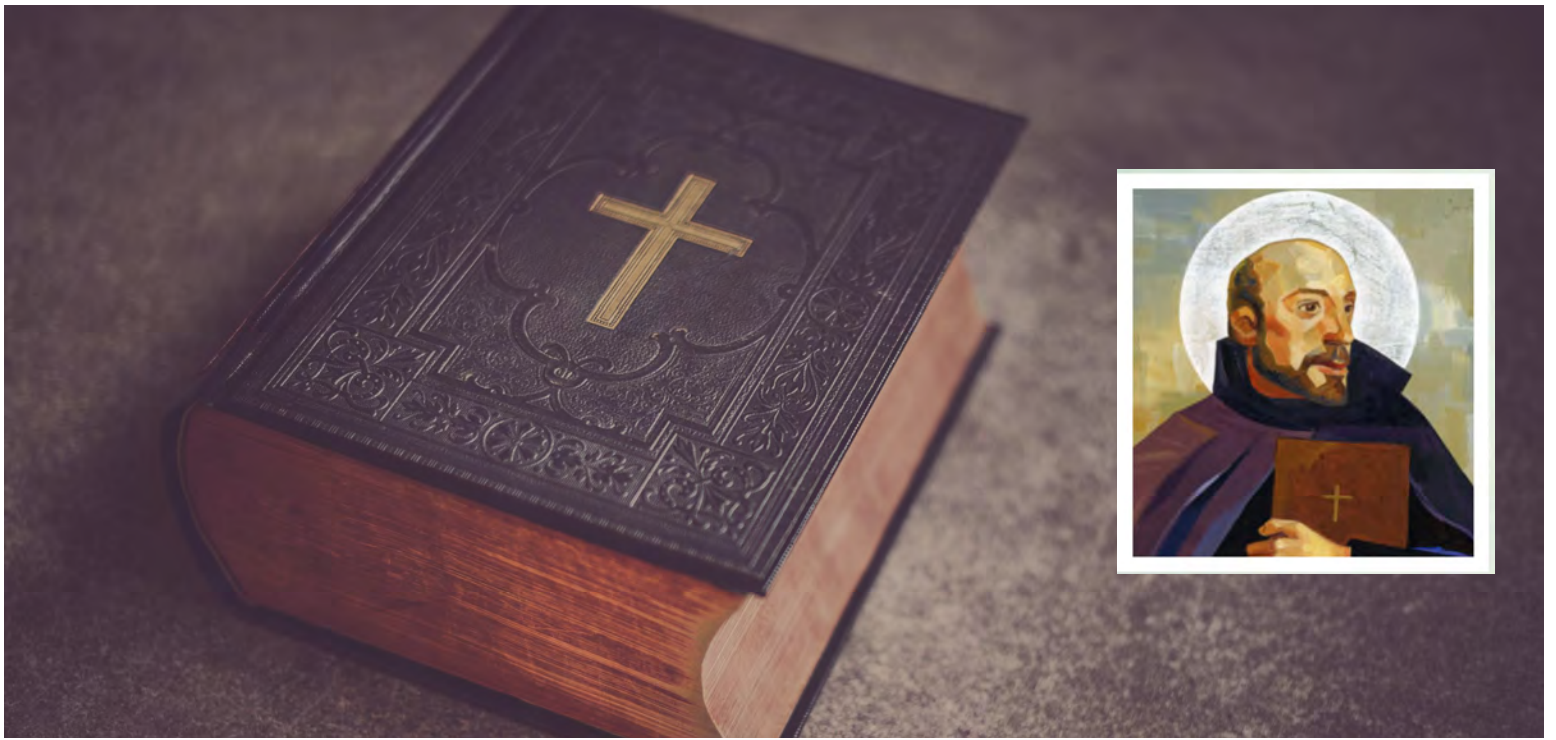
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Optional Items:

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Ejercicios Espirituales de San Ignacio de Loyola para hombres

Retiro de silencio desde el 4 al 6 de octubre

Camp St. Francis of Assisi: 2320 Sumner Ave., Aptos, CA 95003

Este retiro de silencio es una versión mas breve de los Ejercicios Espirituales de San Ignacio de Loyola, predicados en inglés y español por separado por un sacerdote del IVE. Este retiro incluye meditaciones, pláticas, adoración y la Santa Misa como también oportunidades para acudir al Sacramento de la Confesión y a la dirección espiritual.

Información importante:

El costo del retiro es de \$ 125, solamente en efectivo. Entregue el formulario de inscripción completo en la oficina de la parroquia Nuestra Señora de la Paz antes del viernes 27 de septiembre. Usted deberá estar en Camp Saint Francis el viernes 4 de octubre a la 1:15 pm. Deberá llegar al lugar por sus propios medios, ya que no proveeremos transporte. Para mas información, escriba por correo electrónico a la Madre Revelación a adult.edu@olop-shrine.org o llame a la oficina parroquial a (408)988-4585.

Deberá llevar al retiro lo siguiente: frazada (cobija) o bolsa de dormir, jabón de tocador, pasta dental, y todo lo necesario para higiene personal, toallas, sandalias para baño, Rosario, cuaderno, lapicera, Biblia y libro de los Ejercicios Espirituales (lo puede comprar a \$30 en efectivo).

Elementos opcionales: libros de lectura espiritual para los tiempos libres, reloj pulsera, linterna, filtro solar y mochila

SAVE THE DATE: Women's Spiritual Exercises on December 13th-15th



Ejercicios Espirituales de San Ignacio de Loyola para hombres

Retiro de silencio desde el 4 al 6 de octubre

Camp St. Francis of Assisi: 2320 Sumner Ave., Aptos, CA 95003

Nombre: _____ Fecha de _____

Dirección: _____ Teléfono: _____

Email: _____

Este retiro de silencio es una versión mas breve de los Ejercicios Espirituales de San Ignacio de Loyola, predicados en inglés y español por separado por un sacerdote del IVE. Este retiro incluye meditaciones, pláticas, adoración y la Santa Misa como también oportunidades para acudir al Sacramento de la Confesión y a la dirección espiritual.

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Activity Waiver Form General Liability

Parish/School Information	
Location Name: OUR LADY OF PEACE CHURCH & SHRINE	Location #: 241
Location Address: 2800 MISSION COLLEGE BLVD. SANTA CLARA, CA 95054	Telephone: 408 - 988 - 7543
Contact Name: Father Brian Dinkel, IVE	Facsimile: 408 - 988 - 0679
<p align="center"><i>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE RISK & INSURANCE MANAGEMENT DEPARTMENT WHEN A VOLUNTEER PARTICIPATES IN AN ACTIVITY LOCATED ON DIOCESAN PROPERTY. MAIL TO: 1150 NORTH FIRST STREET, SUITE 100, SAN JOSE, CA 95112. TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0296.</i></p>	

Participant Personal Information	
Name:	Telephone:
Home Address:	SSN:
Supervisor Name:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:

Activity Information	
Date of Activity: October 4-6, 2019	Name of Activity: Spiritual Exercises of St. Ignatius of Loyola
Description of Activity: Overnight retreat for adults	

Waiver Authorization	
<p align="center"><i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i></p>	
<p><i>I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE.</i></p> <p><i>I UNDERSTAND VOLUNTEERS ARE NOT COVERED BY THE WORKERS COMPENSATION INSURANCE CARRIED BY THE DIOCESE OF SAN JOSE.</i></p> <p><i>IN THE EVENT I AM INJURED, BECOME ILL AND REQUIRE EMERGENCY MEDICAL ATTENTION, ANY RESULTING HOSPITAL, MEDICAL OR RELATED COSTS AND EXPENSES WILL BE PAID BY THE MEDICAL INSURANCE OR BENEFIT PLAN OF MINE OR MY SPOUSE, OR PARENT.</i></p> <p><i>I HAVE INDICATED ABOVE THE MEDICAL INSURANCE PLAN THAT WOULD COVER ANY HOSPITAL, MEDICAL AND RELATED COSTS AND EXPENSES IN THE EVENT OF ILLNESS, SICKNESS OR ACCIDENT OF AN EMERGENCY NATURE.</i></p> <p><i>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME TO PARTICIPATE IN ANY SUCH ACTIVITY.</i></p> <p><i>I HERBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY PARISH AND DIOCESE OF SAN JOSE PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.</i></p>	
Participant Signature:	Date Signed:

Risk & Insurance Management Use Only	
Waiver Received By:	Date Received: