

# Spiritual Exercises of St. Ignatius of Loyola Silent Thursday—Sunday Weekend for Women

Jan 12-15, 2023

Mission San Antonio, 1 Mission Creek Road, Jolon, CA 93928

**Only 50 spots available!** Priority given to those who submit forms & payment.

**Cost** (cash or check payable to “Our Lady of Peace Church”): \$200/participant.

**Please return completed forms & payment no later than Friday, Dec 9.**

Email forms to [kathleen.lara@dsj.org](mailto:kathleen.lara@dsj.org),  
or drop off forms / payment at the Parish Office,  
or mail forms/payment to Our Lady of Peace Church & Shrine  
c/o Kathleen Lara – Spiritual Exercises Registration  
2800 Mission College Blvd / Santa Clara, CA 95054

This silent weekend is a condensed version of the Spiritual Exercises of St. Ignatius of Loyola, preached in English and Spanish by an IVE priest. Weekend includes daily Mass, points for meditations, conferences, Eucharistic Adoration, Confession and opportunity for spiritual advice.

**Arrival:** Please make your own transportation arrangements & arrive 4:30pm-6pm on Thurs., January 12.

**Note,** please plan accordingly as there will be no dinner served on Thursday.

**Questions?** Email Mother Revelación at [adult.edu@olop-shrine.org](mailto:adult.edu@olop-shrine.org) or call the Parish Office at 408-988-4585.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
\_\_\_\_\_ EMAIL: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE #: \_\_\_\_\_  
Language Preference: (circle one) SPANISH ENGLISH NO PREFERENCE

ARE YOU CATHOLIC? (circle one) YES NO

HAVE YOU BEEN ON A SILENT RETREAT BEFORE? (circle one) YES NO

HOW LONG AGO DID YOU PARTICIPATE IN A SPIRITUAL EXERCISES WEEKEND? \_\_\_\_\_

WILL YOU BE ARRIVING at Mission San Antonio ON THURSDAY, JANUARY 12? (circle one) YES NO

PAYMENT ENCLOSED: \$ \_\_\_\_\_ check#: \_\_\_\_\_ or cash: \_\_\_\_\_

**REFUND is available provided your CANCELATION EMAIL REQUEST received before or on Wed, 1/4/23.**

- ◆ Above information completed?
- ◆ “Activity Waiver Form” completed and signed?



Diocese of  
San Jose

**Insurance & Risk Management**

**Participant Activity Waiver Form**

General Liability

<b>Parish/School/Location Information</b>	
Location Name: <b>Our Lady of Peace Church &amp; Shrine</b>	Location #: <b>241</b>
Location Address: <b>2800 Mission College Blvd. / Santa Clara, CA 95054</b>	Telephone: <b>408-988-7543</b>
Contact Name: <b>Karen Ruiz, Our Lady of Peace Parish Administrator</b>	Facsimile: <b>408-988-4585</b>
<p><b>NOTICE TO ALL PARISH/SCHOOL ADMINISTRATORS – THE PARTICIPANT WAIVER MUST BE KEPT ON FILE AT THE PARISH/SCHOOL IN CASE OF AN EMERGENCY. IF AN INCIDENT DOES OCCUR PLEASE REPORT ALL INCIDENTS TO THE DIOCESAN INSURANCE AND RISK MANAGER, <a href="mailto:THERESA.LAVOUN@DSJ.ORG">THERESA.LAVOUN@DSJ.ORG</a> WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.</b></p>	
<b>Participant Personal Information</b>	
Participant Name:	Telephone:
Home Address:	Email:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
<b>Activity Information</b>	
Date of Activity: <b>Jan 12 - 15, 2023</b>	Name of Activity: <b>Spiritual Exercises Participant</b>
Description of Activity: <b>Attending the Spiritual Exercises at Mission San Antonio in Jolon California</b>	
<b>Waiver Authorization</b>	
<p>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</p> <p>TO THE EXTENT PERMITTED BY LAW, I HOLD THE PARISH/SCHOOL AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I /MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE. I ATTEST THAT I AM/MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p>IN THE EVENT THAT I/MY CHILD BECOME(S) ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER MEDICAL TREATMENT(S), INCLUDING BUT NOT LIMITED TO X-RAY, EXAMINATION, OR HOSPITAL CARE, CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL AND/OR OTHER MEDICAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME/MY CHILD TO PARTICIPATE IN ANY ACTIVITY ASSOCIATED WITH THIS EVENT.</p> <p>Further, the novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the</p>	

*World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that contact with others, or with surfaces that have been exposed to the virus, can lead to infection in unvaccinated people. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to determine whether, where, or how a specific individual may have been exposed to the disease.*

*Therefore, I acknowledge the contagious nature of COVID-19 and the fact that it can be difficult to identify in another person, and the inherent risks of exposure at this event to those who may be infected with COVID-19. I voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, or other infectious virus or disease, by participating in this event and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.*

*I/my child further acknowledge that the CDC and many other public health authorities continue to recommend social distancing and other protective measures to prevent the spread of COVID-19. I/my child acknowledge that I/my child must comply with all set procedures to reduce the spread of COVID-19 while participating.*

*I/my child understand that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE have put in place new rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I/my child agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, hand sanitizing, and social distancing.*

*I/my child understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I/my child understand that the risk of becoming exposed to or infected by COVID-19 while participating may result from the actions, omissions, or negligence of myself and others, including, but not limited to, priests, parish/school/diocesan staff, volunteers, and other parish/school/diocesan workers, including their families. I/my child recognize that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE cannot limit all potential sources of COVID-19 infection and cannot guarantee that I/my child will not become infected with COVID-19.*

*I/my child am/is voluntarily participate in the PARISH/SCHOOL AND DIOCESE OF SAN JOSE activities and I acknowledge that, by participating, I am/my child is increasing the risk of exposure to COVID-19. I/my child voluntarily assume full responsibility for any and all risks of illness or injury associated with my/my child's exposure to COVID-19, or other infectious virus or disease, as well as from use of any protective equipment, including face coverings, that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE may voluntarily provide to me/my child.*

*I hereby attest that:*

- 1. I am/my child is not experiencing any symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.*
- 2. I have/my child has not traveled internationally within the last 14 days.*
- 3. I have/my child has not traveled to a highly impacted area within the United States of America in the last 14 days.*
- 4. I do not believe I have/my child has been exposed to someone with a suspected and/or confirmed case of COVID-19.*
- 5. I have/my child has not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.*
- 6. I/my child am/is following all CDC recommended guidelines and limiting my/my child's exposure to COVID-19.*

*I agree that if I am/my child is exhibiting symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, I/my child will seek prompt medical attention, remain isolated and self-quarantine until I have/my child has been cleared by a medical professional.*

*I/my child hereby release and agree to hold PARISH/SCHOOL AND DIOCESE OF SAN JOSE harmless from, and waive on behalf of myself/my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child and/or property that may be caused by any act, or failure to act of the PARISH/SCHOOL AND DIOCESE OF SAN JOSE, or that may otherwise arise in any way in connection with any participation of activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.*

*I/my child understand that this release discharges the PARISH/SCHOOL AND DIOCESE OF SAN JOSE from any liability or claim that I/my child, my heirs, or any personal representatives may have against the parish with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation in activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.*

*This liability waiver and release extends to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE together with its clergy, staff, volunteers and other participants.*

**Participant Signature:**

(Parent signature if volunteer is under 18)

**Date Signed:**

**Internal Use Only**

Waiver Received By:

Date Received:

Updated 08 18 2021