St. Pius X Confirmation Candidate-Only Retreat

#2 Due 1/30

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER - Due at January 29 Parent/Child meeting

Confirmation Candidate's name	
Food allergies/special needs	
Parent/Guardian's Name	cell phone:
	(parent or guardian's name), grant permission for my child (named
activity will take place under the guid	ation formation event that is located away from the parish/school site. This dance and direction of staff and/or volunteers from the parish. I understand the beginning of the event and returned at the end of the event.
A brief description of the event follo	ows:
Name of Event:	Confirmation Candidate Retreat
Purpose of Event:	Confirmation preparation
Location:	Columban Retreat Center, Bellevue
Date and Time of event:	Saturday, October 18, 2025 10 AM – 3 PM
Cost:	\$15 – please return payment with this form
minor child. I agree on behalf of my harmless and defend the Pro-Sanctit Archdiocese of Omaha, chaperones, with my child attending the event or connection therewith and I agree to	legally responsible for any personal actions taken by the above named self, my child named herein, or heirs, successors, and assigns, to hold y Center, its officers, directors and agents, and St. Pius X Parish, the or representatives associated with the event arising from or in connection in connection with any illness or injury or cost of medical treatment in compensate the parish/school, its officers, directors and agents, and the or representatives associated with the event for reasonable attorney's fees herewith.
Parent/Guardian Signature:	Date:
I will serve as a chaperone/si	mall group leader.
	nent certified adult for every 10 youth participants.)
\$15 retreat fee	(merc
attached. Make check payable	
pay online. Use QR code and o	choose Religious Ed tuition payment from drop-down fund options.