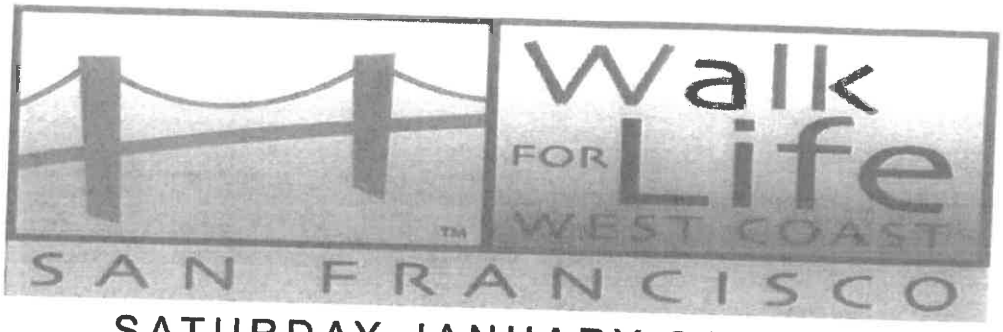

SATURDAY JANUARY 24, 2026

Name_____
Address:_____
City:_____
Phone or Cell Phone Number_____
Parish_____
Email _____

Emergency Contact Information

Name_____
Relationship:_____
Phone Number:_____

Medical Insurance Information

Medical Insurance_____
Policy Number_____Name of Physician_____
Allergies_____
Medications_____

I, the undersigned, understand that there are certain risks on this trip to and from San Francisco and I freely assume any and all risks such occurrences which may be associated with this activity for myself and my dependents. I hereby release St. Joseph Catholic Church and the Diocese of Sacramento from any and all claims for damage that may occur.

In the event of an emergency, I hereby give permission to the volunteers and employees of St. Joseph to arrange for and authorize medical, dental or surgical treatment as considered necessary by an attending physician. I wish to be advised prior to any other medical treatments by the hospital or doctor.

Signature_____
Date:_____

PROGRAM ITINERARY

08:30 am -Check In-St. Joseph Parish
9:00 am- Departure
11:00 am- Arrives in SF
11:00am-12:30pm - Information Fair @ Civic Center Plaza
12:30 pm-Walk For Life Main Event/Rally
1:30 pm - Walk Begins
3:15 pm- Report back to Bus
3:30 pm - Depart from San Francisco
5:30 pm - Arrive at St. Joseph Parish

Team Leader

Linda Robertson- 916-799-6185