

PARENTAL/LEGAL GUARDIAN PERMISSION SLIP and INDEMNITY AGREEMENT

Your son/daughter, ward, _____ is eligible to participate in a Christian Formation/School/Parish-sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from St. Mary Christian Formation/Parish/School. A brief description of the activity is as follows:

Type of Activity:

Designated Supervisor of Activity:

Description of Activity:

Date(s) and Time of Activity:

Method of Transportation (If Applicable):

Student Cost (If Applicable):

Registration Deadline:

I consent to the participation of my SON/DAUGHTER/WARD in the above named ACTIVITY. In consideration for my SON/DAUGHTER/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my SON/DAUGHTER/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by SON/DAUGHTER/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my SON/DAUGHTER/WARD will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have.

Parent/Legal Guardian Signature

Date

Address

Home #

Work #

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name _____ Phone Number _____