

PARENT / LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Child / Ward: _____

Parish / School: **St. Paul the Apostle and St. Louis Parishes**

Designated Supervisor: **Amy Wallschlaeger and Collen Rooney**

Activity: **NET Middle School Retreat at St Louis Parish in Caledonia**

Date & Time of Activity: **Saturday February 9th, 2019 11 am-5 pm (Mass at St. Louis after. Feel free to join us for Mass)**

Method of Transportation: **your own**

Individual Cost: **included in registration fee**

I consent to the participation of my CHILD / WARD in the above named ACTIVITY. In consideration for my CHILD / 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 CHILD / WARD may bring against the PARISH / SCHOOL, which related 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 CHILD / 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 CHILD / WARD will be participating in. I further understand that I had 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 had.

Parent / Legal Guardian Signature Date

Address Home Phone Cell Phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical 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 and relationship to student Phone

Please furnish medical information about your CHILD / WARD, which may be pertinent to his or her participation in the above, identified activity: _____

PLEASE RETURN THIS PERMISSION SLIP TO: Amy Wallschlaeger at St. Paul the Apostle Parish by: January 27th, 2019

This form was prepared and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.