

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

CHILD/WARD: _____ Grade(s): _____

SCHOOL: **Holy Family Parish School**

DESTINATION: _____

DESCRIPTION OF ACTIVITY: _____

DATE AND TIME OF ACTIVITY: _____

METHOD OF TRANSPORTATION:

STUDENT COST (IF APPLICABLE):

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 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 the injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and the 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: _____

Home Phone Number: _____ Work Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my CHILD/WARD 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 contact me at the above telephone numbers, contact:

Name: _____ Relationship: _____

Telephone Number: _____

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

**** PLEASE RETURN TO SCHOOL BY:**

This form is required by Catholic Mutual Group Insurance, the insurance carrier for the Archdiocese of Milwaukee.