

PARENT/LEGAL GUARDIAN PERMISSION SLIP
AND INDEMNITY AGREEMENT

Child/Ward: _____

Parish: St. Anthony on the Lake

Designated Supervisor of Activity:

Activity:

Dates:

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 (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH which relates to the above named ACTIVITY if the PARISH is found not legally liable by the courts and prevails in the lawsuit. If the PARISH 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 to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

Phone (Home) (Work)

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, contact:*

Name: _____

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 BY: Sunday, October 5, 2008

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish facilities. This activity will take place under the guidance and supervision of staff and/or volunteers from St. Anthony on the Lake Parish. A brief description of the activity follows:

NAME OF EVENT: _____

DESTINATION: _____

DESIGNATED SUPERVISOR of ACTIVITY: _____

METHOD of TRANSPORTATION: _____

STUDENT COST: _____

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated parish staff/volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

Parent's Name (Please Print)

Parent's Signature

Date

Please return this entire form by _____