PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Child/Ward:			
Parish:	St. Anthony on the Lake		
Designated Supervisor of Activity:	Confirmation Small Group Leaders		
Activity:	9 th -10 th Grade Interfaith Senior Service Project		
Dates:	Sunday, November 6, 2016 at 12:00 pm		
Method of Transportation:	Adult Leaders		
Student Cost (if applicable):	None		
I consent to the participation of my CCHILD/WARD's participation, I agree to reim Archdiocese of Milwaukee) for all reasonabl I or my CHILD/WARD may bring against the found not legally liable by the courts and prosustained by CHILD/WARD, this paragraph of the certify that I have an understanding ACTIVITY described above that my CHILD/Wopportunity to fully discuss this agreement questions about the ACTIVITY or this agreer	burse and indemnify the legal and court fees in PARISH which relates to evails in the lawsuit. If the lawsuit is apply. If the of this agreement and laws will be participating with a representative of	e PARISH (understoncurred by PARISH of the above named the PARISH is found any risks and hazaring in. I further under the PARISH to clari	ood to include The in defending a lawsuit that ACTIVITY if the PARISH is d legally liable for injuries associated with the erstand that I had the
Parent/Legal Guardian Signature		Date	
Address		Phone (Home)	(Cell)
EMERGENCY MEDICAL TREATMENT: In the hospital for emergency medical treatment. I doctor. In the event of an emergency, if you	wish to be advised price	r to any further trea	atment by the hospital or
Name:	7 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -		
Phone:			
Please furnish medical information about yo the above identified activity:	ur CHILD/WARD which	may be pertinent to	his or her participation in
PLEASE RETURN BY:	Mon., Oct. 17, 2016		

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906 7/96