

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Name _____

PARISH St Catherine of Siena

DESIGNATED SUPERVISOR OF ACTIVITY Melissa Sowinski

ACTIVITY Jason and Crystalina Evert talk

DESCRIPTION OF ACTIVITY Students will be attending a talk at Most Blessed Sacrament Parish in Oshkosh, WI. Jason and Crystalina Evert are two of the authors of the Theology of the Body for Teens curriculum we use in grades 9-10.

DATES AND TIME OF ACTIVITY May 6, 2015 6:30-9:30pm

METHOD OF TRANSPORTATION Bus

STUDENT COST (IF APPLICABLE) N/A

I consent to the participation of my CHILD/WARD name _____ 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 would be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH to clarify and concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

Home Work
phone numbers

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 number _____

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

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 255-69