



PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT

Name of Son/Daughter/Ward _____

Parish/School: St. Francis Borgia Parish, Cedarburg, WI

Designated Supervisors of Activity: Maria Spenner and designated adults

Activity: Orientation and Reflection Program at St. Ben's Community Meal, 1015 N. 9 St, Milwaukee

Date(s) and Time of Activity: Friday, March 12 4PM-7:30PM

Method of Transportation: Personal Transportation-Adult Carpool

Student Cost (If Applicable) Please bring personal care items (ex: toothpaste, deodorant) to donate.
ADULT ASSISTANCE NEEDED:CONTACT BELOW IF ABLE TO ASSIST

I consent to the participation of my SON/DAUGHTER/WARD in the above named ACTIVITY. In consideration for my SON/DAUGHTER/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 SON/DAUGHTER/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 injuries sustained by SON/DAUGHTER/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 SON/DAUGHTER/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 of questions about the ACTIVITY or this agreement that I may have had.

PARENT/GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

HOME PHONE: (____)_____ OTHER PHONE (____) _____

Signature _____ Date _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 & RELATIONSHIP: _____ 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 COPY TO ST FRANCIS BORGIA YOUTH MINISTRY

Maria Spenner, 377-1070 ext 228 spennerm@archmil.org