

**PARENT / LEGAL GUARDIAN PERMISSION SLIP
AND INDEMNITY AGREEMENT**

PLEASE RETURN BY: Sunday February 12, 2011

Child / Ward: _____ Grade _____

Parish / School: St Mary Hales Corners _____

Designated Supervisor of Activity: Pam Lownik

Activity: **Teen Spark - SVDP Family Fun Night/SVDP Store Volunteers - Overnight Immersion**

Date(s) and time of activity: **Friday-Saturday February 17-18, 2012 4:30PM Fri. - 12:30PM Sat**

Bring sleeping attire and sleeping bag, we will provide Friday evening snack and Saturday breakfast. There is a \$10 fee/payable to St Mary. We will facilitate a Family night at the North side Meal site including Bingo and Children's games/crafts On Saturday we will work at the SVDP store. Evening activities at the parish include Eucharistic Adoration and a round of Capture the flag.

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 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/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guarding Signature

Date

Address

_____/_____
Home phone/ Work phone

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 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 255-6906.
6153(b) Archdiocese of Milwaukee