PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

11/7/06

Your son/daughter, ward, _____ is eligible to participate in a school/parish sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from Blessed Sacrament Parish.

A brief description of the activity is as follows:

TYPE OF ACTIVITY: **Totus Tuus**

DESCRIPTION OF ACTIVITY: **Catholic youth program dedicated to sharing the Gospel and promoting the Catholic faith**

DATE AND TIME OF ACTIVITY: **Totus Tuus for Grades 1st -6TH Monday, July 9th to Friday, July 13th from 9am-2:30pm Special program (VBS) for 4yrs old to Kindergarten**

METHOD OF TRANSPORTATION (IF APPLICABLE): N/A

STUDENT COST: **$30 per student; ($60 total for family) payable to Blessed Sacrament**

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 above named parish/school (understood to include the Diocese of Duluth) 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 liable for the injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the 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 Guardian Signature Date

_____ _____

Address Home Phone Work Phone

T-SHIRT SIZE: _____ **STUDENT GRADE:** _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child/ward 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 and relationship Phone Number

_____ _____

Medical Insurance Company Policy Number

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity: _____

PLEASE RETURN TO: Blessed Sacrament Parish ***BY: Friday June 29th***

Please keep this form on file at the parish or school for six (6) years.