

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

08/30/17

Your sons, daughters, and/or wards \_\_\_\_\_ are 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 St. Agnes and Sacred Heart (parish/school/Diocese of Duluth).

**A brief description of the activity is as follows:**

TYPE OF ACTIVITY: **All-Day Church Release at Deep Portage Learning Center in Hackensack**

DESCRIPTION OF ACTIVITY: **Mass, snowshoeing, and team building activities at Deep Portage**

DATE AND TIME OF ACTIVITY: **Wednesday, March 4, 2020 8:30am-3:00pm (Grades 6-8)**

METHOD OF TRANSPORTATION (IF APPLICABLE): **Bus**

STUDENT COST (IF APPLICABLE): **No cost**

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. I consent to permission for walking field trips and youth activities within City Limits.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**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(s): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy/Group/ID Number: \_\_\_\_\_

Please furnish medical or learning needs information about your child/ward which may be pertinent to his or her participation in the above identified activity: (example Allergies)

Name: \_\_\_\_\_ Information: \_\_\_\_\_

**PLEASE RETURN TO: Parish Office By: March 4, 2020 or send by email to Molly Mendoza**

**Questions please email [molly.mendoza@duluthcatholic.org](mailto:molly.mendoza@duluthcatholic.org) or 218-547-1054.**

Please keep this form on file at the diocese for six (6) years.

**I-40**