

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/ daughter, ward, _____ is eligible to participate in a School/parish activity that requires permission. This activity will take place under the guidance/supervision of employees/volunteers from **St. Agnes TCU Daycare** (parish/school).

TYPE OF ACTIVITY: RECREATIONAL ACTIVITIES IN THE BUTLER AREA.

DESCRIPTION OF ACTIVITY: GOING TO THE PARK AND/OR NEIGHBORHOOD WALKS.

DATE AND TIME OF ACTIVITY: WEATHER PERMITTING DURING TCU SCHEDULED TIMES

STUDENT COST (IF APPLICABLE): NONE

I would like my child/ward to participate in this activity. As a parent or legal guardian, I agree to defend and fully indemnify **St. Agnes TCU Daycare** (parish/school) against any claim, which may result from any personal action taken by my child/ward.

As a parent or legal guardian, I further agree to fully indemnify and hold harmless **St. Agnes TCU Daycare** (parish/school) against any claim or cause of action whatsoever brought against **St. Agnes TCU** (parish/school) which took place during the above identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward to their parent/legal guardian.

I hereby consent to participation by my above named child/ward, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward would be participating in. I further understand that I had the opportunity to fully discuss the above named activity and this agreement with a representative of the parish/school to clarify any concerns or questions about the activity of this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

Home Phone#

Cell Phone#

Work Phone#

EMERGENCY MEDICAL TREATMENT: *In event of an emergency, I give permission to transport my child/ward to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency, if you are unable to reach me at the above numbers contact:*

Name: _____

Phone Numbers: _____

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

