

Lenten Retreat for 7th-10th Grade
Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child/Ward: _____

Parish/ School: Divine Savior Parish-Fredonia and Our Lady of the Lakes-Random Lake

Activity: 7th- 10th Grade Fall Retreat

Date(s) and time of activity: Wednesday, February 25th, 2026 6-9pm

Place: Our Lady of the Lakes (208 Butler Ave, Random Lake)

Method of Transportation: none

Student cost (if applicable): Included on registration form (\$30)

I consent to the participation of my child/ward in the abovenamed 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 and its agents) 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.

I agree that if my teen fails to abide in any way with respectful behavior and the rules of the event, my teen will be asked to assume the natural consequences of his/her actions.

Signature of Parent/Guardian: _____ Date: _____

Address/City/Zip: _____

Home Phone: _____ Cell 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 (including prescription information) that may be pertinent to his/her participation in the activity identified above:

- ☐ I consent to the use by the Archdiocese of Milwaukee of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of Office for Schools, Child and Youth Ministry or the above named parish/school. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Archdiocese of Milwaukee or the above named parish/school from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Signature of Parent/Guardian: _____ Date: _____