

High School Summer Service Week 2019

June 24-27 @ 6:00pm – 9:30pm

Hosted at Saint Mary's Immaculate Conception Parish



Go on a mission trip without leaving West Bend!

Mary Abel: 262-338-5600 mabel@wbparishes.org Brian Mase: 262-343-2370 maseb@hawb.org

Katie Schaitberger: 262-346-1275 kschaitberger@wbparishes.org

High School Summer Service Week 2019

PARENT / LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Child / Ward: _____ Grade _____

Parish / School: Saint Frances Cabrini Parish - St. Mary's IC Parish - Holy Angels Parish

Designated Supervisor of Activity: Mary Abel, SM, Brian Mase HA, Katie Schaitberger SFC

Activity: Service work for neighbors

Date(s) and time of activity:

June 24-27, 2019 @ 6:00pm – 9:30pm

Saint Mary's Immaculate Conception Parish

***** Fee for Food and Supplies:**

\$30 for all four nights or \$10 per night

Bring gloves, appropriate clothing, tennis shoes, and a water bottle.

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.

I also hereby grant the release and use of any photo/image taken of my child(ren)/ward(s) for promotion of our program.

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

DUE June 12th – St. Mary's Parish Office

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