

St. John Bosco Field Trip Form
PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT

Student Name: _____ Parish: _____ Grade: _____

Parish/school: **Resurrection and St. Peter Catholic Parishes**

Designated supervisor of activity: **DRE's, Youth Ministers, Catechists, and/or Parents.**

Event, Date and Time: **Youth Retreat/Rally 8:30 am – 6:30 (approx.) pm, Saturday, October 5, 2019.**

Transportation: **Bus, leaving and returning from the Slinger High School Parking Lot nearest Hwy. 175**

Date(s) and time of activity: **Saturday, October 5, 2019. 8:30 a.m. depart Slinger; Return about 6:30 p.m.**

Method of Transportation: **Bus.**

Registration deadline: **September 23, 2019.**

LUNCH Option: _____ **Bag Lunch From Home**
(Please initial)

_____ **Lunch Cost: \$8.00.** Please make checks payable to Resurrection.

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 event sponsors and its agents, and parish/school named above (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 the event sponsors and/or 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 the use by Resurrection, St. Peter, or St. Lawrence Parishes (Tri-Parish) Or Milwaukee Archdiocese of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child/ward may appear. I understand that these materials are being used for promotion of the Youth Ministry of our Tri-Parish. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Tri-Parish from any liability connected with the use of my child or my child's picture or voice recording as part of any of the above or similar activities.

Parent/Legal Guarding Signature

Date

Address

_____/_____
Home phone / Work phone

Would you be willing to chaperone (parish will pick up your cost of the event)? Yes No

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. Include any medications and dosage pertinent to your child/ward: _____

PLEASE RETURN BY: September 23rd to the Resurrection Religious Education Office.

Signature of Parent/Legal Guardian

Date