

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT
FOR FIELD TRIP/RETREAT/ATHLETIC PARTICIPATION

Your son/daughter, ward, _____ is 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. LEONARD CATHOLIC CHURCH. A brief description of the activity is as follows:

TYPE OF ACTIVITY: _____ Confirmation Retreat _____

DESCRIPTION OF ACTIVITY: _____ Day long Retreat at St. Leonard _____

ACTIVITY DATE: _____ Feb. 2, 2019 **OR** Feb. 9, 2019 _____ ACTIVITY TIME: _____ 9:00AM – 7:00PM _____
(Circle one of the above dates)

METHOD OF TRANSPORTATION (IF APPLICABLE): _____ None _____

STUDENT COST (IF APPLICABLE): _____ \$50.00 _____

DUE DATE: _____ **September 23, 2018** _____

If you would like your child/ward to participate in this event, please complete, sign, and return the following statement of consent/indemnity agreement. As parent or legal guardian, you agree to defend and fully indemnify ST. LEONARD CATHOLIC CHURCH AND ITS CHAPERONES (parish/school) against any claim which may result from any personal actions taken by your child/ward. As parent of legal guardian, you further agree to fully indemnify and hold harmless ST. LEONARD CATHOLIC CHURCH AND ITS CHAPERONES against any claim or cause of action whatsoever brought against ST. LEONARD CATHOLIC CHURCH AND ITS CHAPERONES which took place during the above identified activity if that claim or cause of action is brought by your child/ward or their parent/legal guardian.

I hereby consent to participation by my above named child/ward, in the event described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will 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 ST. LEONARD CATHOLIC CHURCH to clarify any concerns or questions about the activity that I may have had.

Parent/Legal Guardian Signature

Date

Address

Primary Phone Number

Primary Email

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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: _____

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We will need 6 chaperones. Check below if interested.

☐ I would like to be a chaperone.

Please fill out Medical Release Form on the back side.