

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter, _____, is eligible to participate in a youth ministry sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of St. John the Evangelist, the office of Family, Youth, and Young Adult Evangelization of the Diocese of Providence and the Roman Catholic Bishop of Providence.

A brief description of the activity is as follows:

TYPE OF ACTIVITY: Confirmation Retreat held at Holy Trinity Parish, Park Avenue, Woonsocket, RI 02895

DESCRIPTION OF ACTIVITY: Retreat includes a variety of presentations, prayer, the Sacrament of Reconciliation, and structured thematic activities. Lunch is included that generally consists of pizza and a beverage.

DATE AND TIME OF ACTIVITY: Saturday, February 7, 10:30AM – 3:30PM

METHOD OF TRANSPORTATION: Parents are asked to bring the student to Holy Trinity Parish Hall for 10:10AM and to pick up student at 3:30PM.

I would like my child/ward to participate in this youth ministry-sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of St. John the Evangelist, the Catholic Youth Organization of the Diocese of Providence, and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish of St. John the Evangelist, the office of Family, Youth, and Young Adult Evangelization of the Diocese of Providence, and the Roman Catholic Bishop of Providence against any claim or cause of action whatsoever brought against the Parish of St. John the Evangelist, the office of Family, Youth, and Young Adult Evangelization of the Diocese of Providence, and the Roman Catholic Bishop of Providence 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 or their parent/legal guardian.

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

Parent/Legal Guardian Signature

Date

Address

(H)

(C)

Phone Numbers

EMERGENCY MEDICAL TREATMENT: In the event of any 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 / personal information about your child/ward which may be pertinent to his/her participation in the above-identified activity: _____
