



CATHOLIC HEART WORK CAMP

July 13th-20th, 2019

MISSION TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Parish / School _____ City _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Date of Event/Field Trip July 13th-20th 2019 Type of Field Trip Mission Trip

Destination South Ridge High School 1110 S Main Street Huntingburg, Indiana 47542

Individual(s)/Teacher(s) in Charge: Austin Busse and Adult Volunteers with Background Checks "Essential 3"

Estimated Time of Departure Saturday July 13th 2019 Return Saturday July 20th 2019

Mode of Transportation To & From Event Coach Bus Departing from Hudson, WI

Student Cost (if applicable) \$620 (Before Fundraising)

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to hold parish/school and Archdiocese harmless from any and all claims resulting in my child's participation in this event. I further agree to indemnify the Maternity of Mary and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Maternity of Mary /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above and for any harm my child incurs by reason of their participation in the above described event. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

We have limited spots for this Mission Trip. Please return this slip and a \$50 deposit to secure a spot. Registration starts now and goes until the remaining spots are filled.

USE OF IMAGE: I grant permission to the Maternity of Mary and Archdiocese of Saint Paul and Minneapolis to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent or guardian does hereby release and the Archdiocese of Saint Paul and Minneapolis or anyone authorized by the Archdiocese of Saint Paul and Minneapolis with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use is consistent with the acceptable use policy for electronic communications and other policies.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name

Phone Number