

**PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT**

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parish Name: St. Joseph Parish in Grafton, WI

Staff Member: Sheri Hanson, Director of Child & Youth Ministry

Activity: **9<sup>th</sup> & 10<sup>th</sup> Grade Retreat**

Time (*check one*):  Saturday, Marcy 11, 2017 10am -5pm OR  Saturday, April 29, 2017 10am -5pm

Description: A day retreat at St. Joseph Parish

Method of Transportation: Personal Transportation

Registration Deadline: **Due to the Christian Formation office by Sunday, February 26, 2017**

I consent to the participation of my YOUTH in the above named ACTIVITY. In consideration for my YOUTH’s participation, I agree to reimburse and indemnify the PARISH (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH in defending a lawsuit that I or my YOUTH may bring against the PARISH which relates to the above named ACTIVITY if the PARISH is found not legally liable by the courts and prevails in the lawsuit. If the PARISH is found legally liable for injuries sustained by YOUTH, 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 YOUTH will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH to clarify any concerns of questions about the ACTIVITY or this agreement that I may have had.

PARENT/GUARDIAN’S NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ I am interested in being a chaperone at the retreat. Please contact me with more information.

\_\_\_\_\_ I am willing to donate snacks and/or other materials. Please contact me with more information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my YOUTH 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:

NAME & RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Please furnish medical information about YOUTH which may be pertinent to his or her participation in the above identified activity (please use the extra space on the back, if needed): \_\_\_\_\_