Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____
Parish / School: St. Anthony Christian Formation
Designated Supervisor of Activity: Drew Dederich
Activity: 2010 Mission Trip to New Castle, PA
Date(s) and time of activity: July 17 – 24, 2010
Method of transportation: Badger Coach Bus
Student cost (if applicable): Approximately $725

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 the 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.

_____ _____
Parent / Legal Guarding Signature Date

_____ _____ / _____
Address Home phone / Work phone

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: _____

I, _____, consent to the use by the Archdiocese of Milwaukee any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of Office for Schools, Child and Youth Ministry or the above named parish/school. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Archdiocese of Milwaukee or the above named parish/school from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

_____ _____
Signature Date