



PARENT/LEGAL GUARDIAN PERMISSION SLIP & INDEMNITY AGREEMENT

Please Print:

Name of CHILD/WARD

Date of Birth

Participant's Email

Participant's T-Shirt Size

PARISH/SCHOOL: Lake Country Life Teen, a ministry of St. Charles Parish
DESIGNATED SUPERVISOR OF ACTIVITY: Andrew Schueller, Director of Student & Young Adult Ministries
DESCRIPTION OF ACTIVITY: 1Day Mission Trip
DATE & TIME OF ACTIVITY: August 16th 8:30 a.m – 4:30 p.m.
LOCATION OF ACTIVITY: Greater Lake Country Area
METHOD OF TRANSPORTATION: Van or Own
STUDENT COST: \$10

I hereby consent to participation by my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Archdiocese of Milwaukee) 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 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 Guardian Signature

Date

Address

City

Zip

Home Phone

Cell Phone

Family Doctor

Phone

Family Health Plan Carrier

Policy Number

Does your CHILD/WARD take any medication, have any allergies, or any other health concerns we should be aware of?

No **Yes (Please List):** _____

EMERGENCY MEDICAL TREATMENT: In the event of any emergency. I give permission to transport my CHILD/WARD 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

Relationship to Child

Please attach any personal/medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified ACTIVITY.

This form has been prepared by and is required by the Archdiocese of Milwaukee's Protected Self-Insurance Program.

Direct questions to Catholic Mutual Group at: (262) 255-6906.

Parish-specific questions should be directed to Andrew Schueller at: (262) 367-3277