

Parent/Legal Guardian Permission Slip for and Indemnity Agreement

Name of Son/Daughter: _____

As parent of guardian of the above named student, I give permission for my child to participate in the activities described as follows:

Parish/School: Good Shepherd Catholic Church **City:** Menomonee Falls

Supervisor: Corinna Ramsey **Phone:** 262-255-2035

Destination/Activity: All Youth Group Activities held at Good Shepherd

Dates: September 1, 2015 to August 31, 2016

In consideration for my child/ward participation, I agree to reimburse and indemnify the parish for all reasonable legal and court fees incurred by the parish in defending a lawsuit that I or my child/ward 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 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 have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have.

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____ **City, State, Zip:** _____

E-mail address(es): _____

Home Phone: _____ **Other phone(s):** _____

Signature: _____ **Date:** _____

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. If you are unable to reach me at the above numbers, contact:

Alternate Contact Name: _____ **Phone:** _____

Pertinent Medical Conditions: _____

Photo & Video Release

I hereby give my permission to the parishes for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Parent/Legal Guardian Signature: _____ **Date:** _____

_____ **Yes, I am interested chaperoning one or more of the youth events this year.**

Name of Chaperone: _____

Contact information: (if different) _____