

Holy Family Parish and St. Robert Parish

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

CHILD/WARD: _____

DESIGNATED SUPERVISOR OF ACTIVITY: Ben Wolf

ACTIVITY: Confirmation Retreat

DESCRIPTION OF ACTIVITY: Preparation for the Sacrament of Confirmation

DATE(S) AND TIME OF ACTIVITY: 9 am Saturday, Oct. 17 – 6:30 pm Sunday, Oct. 18

METHOD OF TRANSPORTATION: Individual Transportation Required

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 **Holy Family Parish and/or St. Robert Parish** for all reasonable legal and court fees incurred by **Holy Family Parish and/or St. Robert Parish** defending a lawsuit that I or my CHILD/WARD may bring against **Holy Family Parish and/or St. Robert 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 **Holy Family Parish and/or St. Robert Parish** is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

*I consent to my child's being transported to and from the above activity by a volunteer driver. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the volunteer driver for all reasonable legal and court fees incurred by the volunteer driver in defending a lawsuit that I or my CHILD/WARD may bring against the driver which relates to the above named ACTIVITY if the volunteer driver is found not legally liable by the courts and prevails in the lawsuit. If the volunteer driver 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 to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date: ___/___/___

Address _____

Home: _____ Work: _____
Phone Numbers

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:

PLEASE RETURN BY: October 11, 2009

If this permission slip is not returned we cannot take your child on this activity. No exceptions will be made.