PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

CHILD/WARD: _____

PARISH/SCHOOL: St. Paul Catholic School / Parish

DESIGNATED SUPERVISOR OF ACTIVITY: Anne Brockel

ACTIVITY: Open Gym - Crafts - Video Games, etc...

DESCRIPTION OF ACTIVITY: Middle School Rec Nights

DATE(S) AND TIME OF ACTIVITY: Saturdays 6:30pm - 8:30pm

METHOD OF TRANSPORTATION: N/A as scheduled

STUDENT COST (IF APPLICABLE): $5.00 Pay at door

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 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

_____ Home _____ Work _____

Address 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: _____

This form has been prepared by and is required by The Archdiocese of Milwaukee Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 262-255-6906. 7/96