

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name _____

Birth Date _____ Male _____ Female _____ Grade in School _____

Parent/Guardian's Name _____

Home Address _____ City _____ Zip _____

Telephone (H) _____ Business phone and/or Cell _____

Type of Event:

Date of Event:

I, _____, grant permission for _____
Parent or Guardian's Name Participant's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish-school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

I also hereby waive and release the named parish/school and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts.

EMERGENCY MEDICAL TREATMENT: In the event of any 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 a doctor or hospital. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

Name Phone Number

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____