

Middle School Mission Camp 2017

PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT

Students Name: _____

Parish/school: St. Peter Congregation & Resurrection Parish

Designated supervisor of activity: Eileen Belongea, DRE/DYM

Activity: St. Peter Middle School Mission Camp

Description of Activity: Catholic Youth Service Camp

Date: August 1 - 4, 2017

Method of Transportation: Volunteer Drivers

Cost of Activity: \$35 *Make checks payable to: St. Peter's Parish*

I consent to the participation of my SON/DAUGHTER/WARD in the above named activity. In consideration for my SON/DAUGHTER/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Archdiocese of Milwaukee) of all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my SON/DAUGHTER/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 SON/DAUGHTER/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 SON/DAUGHTER/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.

I consent to the use by St Peter / Resurrection Parish of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of parish youth events. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the parish staff, volunteers, etc. from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

PARENT/GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

Primary PHONE: _____ **Secondary PHONE:** _____

Signature _____ **Date** _____

T-Shirt Size _____

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: _____

