

Pilgrimage Hike to Holy Hill

PARENT/LEGAL GUARDIAN PERMISSION AND LIABILITY AGREEMENT

Name of son/daughter/ward: _____

Parish/school: St. Peter and Resurrection Parishes

Designated supervisor: Eileen Belongea, DYM

Activity: Pilgrimage Hike from Pike Lake Beach Parking Lot to Holy Hill - 7 miles
(Please drop student off at Pike Lake Beach Parking Lot at 7:30 am)
(Pick up student at St Peter Church Parking Lot at 3 pm)

Transportation: 2:30 pm Bus ride back to St Peter

Description of Activity: Hike via Ice Age Trail to Holy Hill

Date(s) and time of activity: 7:30 am – 3:00 pm, **Friday, October 20, 2017**

LUNCH Option (please initial)

_____ **Bag Lunch from Home**

_____ **Brewer's Two Café Lunch Box Cost: \$8.00.** Please make cash or check payable to St Peter 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 do hereby release, forever discharge and agree to hold harmless St Peter or Resurrection Parish, the Archdiocese of Milwaukee, Holy Hill Basilica, and all the directors, officers, employees, and agents, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activities.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, lodging, recreational sports, and assigned work projects for this participant. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including reasonable attorney fees and other expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said Pilgrimage, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) hereby assume all transportation costs. I (we) am (are) aware of no physical, mental or emotional problems which would limit the physical performance during the Pilgrimage. I (we) am (are) fully aware of the nature of the activity to be undertaken during the Holy Hill Pilgrimage.

Media Release: I (we) grant St Peter / Resurrection Parish permission to utilize all photographic images and video or audio recordings taken during the Pilgrimage

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.

PARENT/GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

Signature _____ Date _____

In the event of an emergency, if you are unable to reach me at the above numbers contact:

Name: _____ Phone Number: _____