

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

**CHILD/REN:** \_\_\_\_\_

**PARISH/SCHOOL:** St. Mary of the Hill Parish

**DESIGNATED SUPERVISOR OF ACTIVITY:** Catholic Formation Teachers, or Parish Staff  
To go to Reconciliation

**ACTIVITY:** Travel up to Holy Hill during class 2016-2017

**Time:** during class time

**Description of Activity:** for confession tours and other activities

**Transportation:** walking

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 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				
Address	<table border="0" style="width: 100%;"><tr><td style="width: 50%; text-align: center;"><u>Home</u></td><td style="width: 50%; text-align: center;"><u>Work</u></td></tr><tr><td colspan="2" style="text-align: center;">Phone Numbers</td></tr></table>	<u>Home</u>	<u>Work</u>	Phone Numbers	
<u>Home</u>	<u>Work</u>				
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 with REGISTRATION PACKET**