

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



CHILD / WARD: _____
PARISH / SCHOOL: **SAINT KATHARINE DREXEL SCHOOL ELEMENTARY
CAMPUS**
ACTIVITY: **The Vineyard Coffeeshop**
DESCRIPTION OF ACTIVITY: **Musical Performance**
DATE(S) AND TIME OF ACTIVITY: **7:00 PM, Friday, November 13, 2009**
METHOD OF TRANSPORTATION: **Family provides**
STUDENT COST (IF APPLICABLE): **none**
DESIGNATED SUPERVISOR OF ACTIVITY: **Debbie Battenberg**

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 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 the injuries sustained by CHILD / WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and the 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 Home Work
Phone Numbers

*******EMERGENCY MEDICAL TREATMENT: (This information must be completed).**

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: _____ **RELATIONSHIP:** _____
PHONE NUMBER: _____

Please furnish medical information about your CHILD / WARD which may be pertinent to his/her participation in the above-indemnified activity:

PLEASE RETURN BY: November 9, 2009
NO SLIP, NO GO!

This form has been prepared by and is required by The Archdiocese of Milwaukee's protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.