

**Diocese of Superior
Permission Form for Minors with Indemnity Agreement and Emergency Contacts**

Teen Information

Full Name: _____ Date of Birth: _____ Gender: Female Male

Address: _____

Home parish name & city: _____

Event Information

Description of Event: **Altar Server Action City Trampoline Park/Pool Trip**

Date of Event: **Tuesday August 22nd, 2017**

Transportation Method: **Bus**

Participant cost: **Free for Altar servers (\$29.00 for additional family members)**

Sponsored by: **Holy Trinity, Our Lady of Lourdes, St John the Evangelist, St Joseph parishes**

Supervised by: **Adult Chaperones**

Your permission is needed for your child to participate in the event listed above. Please return this signed form to the Rectory Office by **August 18, 2017. If you can Chaperone please Contact Joe Cich.**

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: _____ Date: _____

Relationship to child: _____

Phone numbers – Home: _____ Work: _____ Cell: _____

Parents' email address: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Child's primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____

A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.