

Field Trip Form

PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT

Name of son/daughter/ward: _____

Parish/school: St. Peter Congregation

Designated supervisor of activity: Joshua Dieterich, DRE/DYM

Activity: Steubenville North Youth Conference

Description of Activity: Catholic Youth Conference

Date(s) and time of activity: Early Morning July 27, 2012- Late Evening July 29, 2012

Method of Transportation: Coach Bus

Cost of Activity: \$200.00 (Can be SIGNIFICANTLY LOWER with fundraising)

Registration deadline: First Come, First Serve (At least \$50 of down payment required to hold your spot)

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 SONDAUGHTER/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.

PARENT/GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

Signature _____ Date _____

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: _____
