

Sacred Heart Congregation  
2201 Northwestern Ave.  
Racine, WI 53404  
262-634-5526

Parental/Legal Guardian Permission Slip and Indemnity Agreement

Child/Ward: \_\_\_\_\_ Grade: Gr. 7,8,9,10 (please circle)  
Parish/School: Sacred Heart Parish  
Designated Supervisor: Mark Lyons  
Activity: St. John Bosco Youth Day at Holy Hill, Hubertus, WI  
Date(s): October 2, 2010 Time TBA  
Method of Transportation: Bus – Meet at Sacred Heart Parking Lot  
Student Cost: \$45 Fee should have been paid upon registering for the CYF program

I consent to the participation by 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 (understood to include the Archdiocese of Milwaukee, its agents and Cultivation Ministries) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit the 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 concerns or questions about the activity or this agreement that I may have had.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
Address/City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child/ward to a hospital for emergency medical treatment. I wish to be advised prior to further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please furnish medical information about your child/ward (including prescription information) that may be pertinent to his or her participation in the above named activity: