

St. Brendan Parish
PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter, ward, _____, is eligible to participate in an activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish (Catholic School) of St Brendan Parish. A brief description of the activity is as follows:

TYPE OF ACTIVITY: YOUTH

DESCRIPTION OF ACTIVITY: MIDDLE SCHOOL LOCK-IN

DATE AND TIME OF ACTIVITY: March 13th, 2020 5PM-10PM

TRANSPORTATION: OWN

COST: \$5

I would like my child/ward to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish (Catholic School) of St. Brendan Parish, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish (Catholic School) of St. Brendan Parish Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim or cause of action whatsoever brought against the Parish (Catholic School) of St. Brendan Parish, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence which took place during the above-identified activity, that is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

PARENT PHONE

ALT PHONE

EMERGENCY MEDICAL TREATMENT: In the event of any 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 / personal information about your child/ward that may be pertinent to his/her participation