

**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:** Middle and High School Youth Night  
**DESCRIPTION OF ACTIVITY:** Youth Mission at Holy Apostles, Cranston, RI  
**DATE AND TIME OF ACTIVITY:** November 3, 2021  
 Leave St. Brendan's 5:30 p.m. return by 9 p.m.  
**METHOD OF TRANSPORTATION:** to be determined  
**SUGGESTED DONATION:** \$8 per person

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

\_\_\_\_\_  
Address

(H) \_\_\_\_\_ (W) \_\_\_\_\_  
Phone Numbers

**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 in the above-identified activity: