

Why Pray Retreat

Tuesday 12-28-2021 8 a.m. to 4 p.m. Annex, 8:30 a.m. Mass, back to Annex, Lunch provided

PARENTAL AUTHORIZATION

NAME:		BIRTHDATE:
SCHOOL:		GRADE:
HOME ADDRESS:		PHONE:
CITY:		ZIP:
FATHER'S NAME:	WORK PHONE:	
MOTHER'S NAME:	WORK PHONE:	
GUARDIAN'S NAME:	WORK PHONE:	
DOCTOR'S NAME:		PHONE:
FAMILY HEALTH PLAN NAME & POLICY #:		
ALLERGIES OR OTHER KNOWN MEDICAL CONDITIONS:		
DATE OF LAST TETANUS SHOT (month/year):		

In consideration of the opportunity for my child to participate in **the Why Pray Retreat**. I agree to indemnify the Archdiocese of St. Paul and Minneapolis, The Church of Saint Peter in Forest Lake, it's agents, employees and officers from any claims or lawsuits brought against the Archdiocese of St. Paul and Minneapolis or The Church of Saint Peter in Forest Lake by myself, my child, or others, that arise out of any behavior by my child at any St. Peter's youth events they may participate in. I also agree to pay reasonable attorney's fees or expenses incurred by the Archdiocese of St. Paul and Minneapolis or The Church of Saint Peter in Forest Lake in defense of such a claim/lawsuit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency and I cannot be contacted, 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 a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

_____ *Name* _____ *Phone* _____ *Relationship*
As parent or guardian, I have read this agreement and agree to all of the above stated considerations and conditions.

SIGNATURE _____ **DATE** _____
Parent or Legal Guardian