

Teen/Young Adult Choir, 2019-2020
St. Michael Catholic Church (Prior Lake)

Name (first and last) _____

Age _____ Date of Birth _____ Grade _____ School _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____

Teen cell phone _____ Parent cell phone _____

Teen email _____ Parent email _____

CONSENT and INDEMNITY AGREEMENT:

Location: St. Michael Catholic Church, main worship space, choir room, Archangels Hall

Individual(s)/Director(s) in charge: Angie O'Brien, Director of Music

Time of Liturgy: various times throughout the year (see separate schedule)

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify **St. Michael Catholic Church** and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against **St. Michael Catholic Church**/Archdiocese of St. Paul Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

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

Name Phone number

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone number: _____

St. Michael Catholic Church occasionally uses **group** photos of church events and programs in our parish photo directory, in displays, brochures, social media, and on the website to communicate the importance of parish life to our members. Please initial here if you **do not want** group pictures, including your child(ren) used _____

As the Parent of Guardian, I agree to all of the above stated considerations and conditions.

Parent signature

Date