

Parental/Guardian Consent Form and Indemnity Agreement

Participant's Name: _____

Birth Date: _____ Sex: _____ Grade in School (Fall 2021) _____

Parent/Guardian's Name: _____

Home Address: _____ City: _____ Zip: _____

Type/Date of Event: Summer Stretch, June 23 & 30, July 14 & 21, August 4 & (11 or 18)

Individual in Charge: Cyndi Stifter

Transportation: Parent Car Pool Drop Off/ Pick Up: 7:55 am & 4:30 pm (except August 18)

Cost of Event: \$175 - Due May 25, \$200 after May 25

I, _____, grant permission for _____
Parent or Guardian's Name Participant's Name

To participate in the above-named activity and I warrant that my child is in good health. In consideration for my child's participation, I agree to indemnify the parish-school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/school/ 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 Archdiocese in defense of such a claim/lawsuit.

I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts of omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts.

Should photos or video be taken, I give permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event activity or our parish Youth Ministry without compensation to me or my child.

If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.

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 a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact;

Name Phone Number

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

MEDICAL INFORMATION: Medication my child is taking at present: _____

Allergies: _____ Family Health Plan Carrier Number: _____

Family Doctor: _____ Phone Number: _____

As a parent or guardian, I agree to the above stated considerations and conditions.

Signature: _____ Date: _____