

Parent / Legal Guardian Permission Slip and Indemnity Agreement

~ PLEASE BRING THIS FORM WITH YOU TO DANCE ON DECEMBER 15! ~

Child/Ward: _____

Parish/School: Holy Family School, 4849 N. Wildwood Ave., Whitefish Bay, WI 53217
Enter gym using Door #4 off of back parking lot.

Designated Supervisor of Activity: 8th grade parents

Activity: Holy Family 7th and 8th Grade Dance

Date(s) and time of activity: Friday, December 15, 2017
7:00 - 9:30PM (The doors will be locked at 7:30PM.)

Method of transportation:

Student cost (if applicable): \$5 admission and extra money for concessions

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply. I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

_____/_____
Home phone/Work phone

EMERGENCY MEDICAL TREATMENT: In the event of an 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 information about your child/ward which may be pertinent to his or her participation in the above identified activity: _____

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