

Event/Trip/Retreat: **SlopeFest**  
**PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**  
Church of St. Patrick - 6820 St. Patrick's Lane - Edina, MN 55439

Student/Participant Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Student Cell (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Business/Cell Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ (E-mail will only be used to contact you about final trip details)

Date(s) of Event/Trip/Retreat: **2-7-12 through 2-20-12**

Destination: **Camp Miller and Spirit Mountain**

Individual(s) in Charge: **Johnny Davy (Emergency contact cell number 612-242-3557)**

Departure: **St. Joan of Arc Church at 5:45pm** Return: **Between 1-1:30pm St. Joan of Arc** (expect a call/text from your child)

Mode of Transportation To & From Event: **Bus and/or Church Mini-Van**

Student Cost: **\$245 for Skier/Snowboarder and \$205 for Non-skier/Non-snowboarder**

**Add \$20 per day (Sat and/or Sun) for snowboard rental and Add \$10 per day (Sat and/or Sun) for ski rental**

*Additional scholarships are available; contact Johnny if your family is in need.*

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
*Parent/Guardian Name* *Child/Participant 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 The Church of St. Patrick and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against The Church of St. Patrick /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:

\_\_\_\_\_  
*Emergency Contact Name*

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
*Emergency Contact Phone Number*

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

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

**X** \_\_\_\_\_  
*Signature* *Date*

Youth Forum - Slope Festival Registration 2012

Friday Feb 17 – Monday Feb 20.

Sprit Mountain and YMCA Camp Miller

Student Name \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: M F Grade in 2011-2012 School Year \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

I am attending with this Church/Group \_\_\_\_\_

**\*\* IN CASE OF EMERGENCY\*\*** I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Youth Forum the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Youth Forum. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Youth Forum from liability in acting on my behalf in this regard so long as Youth Forum is not grossly negligent.

**\*\*PROMOTIONAL MATERIAL RELEASE\*\*** I give Youth Forum MN permission to use photography and video taken at the Slope Festival to be used in promotional material.

**\*\*RELEASE OF LIABILITY\*\*** On behalf of the above registered Camper or Staff, their family, heirs, assigns, representatives and estate, I expressly acknowledge that my voluntary participation in the Slope Festival involves known and unanticipated risks which could result in injury, disability, death, and/or property damage, and I agree to assume all of the risks of this activity. In consideration of participating in Slope Festival, I hereby voluntarily release, indemnify and hold harmless the Slope Festival, its sponsor Youth Forum Minnesota and its staff, directors, volunteers, participants or agents ("Releasees") from any and all claims, losses, or causes of action connected with this activity. This release does not apply to claims arising from intentional conduct. I agree to indemnify and hold Releasees harmless for all costs to enforce this agreement. I represent that I have adequate insurance to cover any injury or loss I may suffer or cause while participating in this activity, or agree to bear such costs myself. By signing this Release, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Releasees for any claim for negligence. I have read and understood this document, had the opportunity to consult with legal counsel, and agree to be bound by its terms.

Signature of Parent or Guardian \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**In case parents are unreachable, please contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Additional comments regarding medical history, allergies, penicillin or drug reactions that may be needed in treatment:

**Parent or Guardian's Health Insurance Company**

**Name & Address:** \_\_\_\_\_

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**Policy Number:** \_\_\_\_\_