

Junior High Summer Festival (Stout University) - July 26-30, 2010
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____ Grade _____ (09-10 School Year)

Birth date _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Parent Email _____

Type of Field Trip: **Summer Festival Camp/Retreat**

Destination: **Stout University—Menomonie, WI (about an hour east)**

Individual(s) in Charge: Johnny Davy

Estimated Time of Departure: **Monday July 26, 2010 - 11:00am (St. Patrick's Church Parking Lot)**

Estimated Time of Return: **Friday July 30, 2010 - 1-2pm (St. Patrick's Church Parking Lot)**

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

Student Cost: **\$340 before March 17th - \$360 after**

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 the St. Patrick's Church and the Archdiocese of St. Paul & Minneapolis and Youth Forum from any claims or law suits brought against the St. Patrick's Church /Archdiocese of St. Paul & Minneapolis &/or Youth Forum 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 St. Patrick's Church /Archdiocese of St. Paul & Minneapolis &/or Youth Forum 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 Phone Number

**** IN CASE OF EMERGENCY**** I understand that every effort will be made to contact me. If I cannot be reached, I hereby give St. Patrick's Church and the Archdiocese of St. Paul & Minneapolis and/or 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 St. Patrick's Church and the Archdiocese of St. Paul & Minneapolis and/or Youth Forum. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve St. Patrick's Church and the Archdiocese of St. Paul & Minneapolis and/or Youth Forum from liability in acting on my behalf in this regard so long as it is not grossly negligent.

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

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