

**Senior High Summer Festival (Gustavus Adolphus) - July 12-17, 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: **Gustavus Adolphus College - St. Peter, MN (about 1 hour south)**

Individual(s) in Charge: Johnny Davy

Estimated Time of Departure: **Monday July 12, 2010 - 11:00am (St. Patrick's Church Parking Lot)**

Estimated Time of Return: **Saturday July 17, 2010 - 1-2pm (St. Patrick's Church Parking Lot)**

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

Student Cost: **\$365 before March 17th - \$385 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