

**PARENT/LEGAL GUARDIAN PERMISSION SLIP**  
**AND INDEMNITY AGREEMENT**

**CHILD/WARD:** \_\_\_\_\_

**PARISH/SCHOOL:** \_\_\_\_\_

**DESIGNATED SUPERVISOR OF ACTIVITY:** Rev. James Lobacz

**ACTIVITY:** Visit to St. John the Evangelist Cathedral

**DESCRIPTION OF ACTIVITY:** Tour the cathedral, Holy Hour and Adoration, lunch

**DATE(S) AND TIME OF ACTIVITY:** Saturday, February 13, 2010; 10AM to 1PM

**METHOD OF TRANSPORTATION:** Parents to provide transportation to and from St. John the Evangelist Cathedral

**STUDENT COST (IF APPLICABLE):** \$5.00 donation

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 Work  
Phone numbers

**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:

**PLEASE RETURN BY: Saturday, February 13, 2010 to Fr. Lobacz upon arrival.**