

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT



Student/Participant Name: _____

Date of Birth: _____ Gender: _____

Parent/Guardian Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Parish/School: _____ Date of Event: _____

Type of Event/Activity: _____

I, _____, grant permission for _____

Parent/Guardian Name

Student/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 _____,

Parish/School Name

the Catholic Schools Center of Excellence, and the Archdiocese of Saint Paul and Minneapolis from any claims or lawsuits brought against _____, the Catholic Schools

Parish/School Name

Center of Excellence, and/or the Archdiocese of Saint Paul and 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:

Name

Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies: _____ Other Medical Conditions: _____

Family Health Plan Carrier Number: _____

Family Doctor: _____ Doctor Phone Number: _____

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

Signature

Date