



## Generic Youth Permission Slip

**Nature of Activity:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

### RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT & MEDICAL RELEASE

I grant permission for my child 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 Annunciation Parish/School and the Archdiocese of St. Paul/Minneapolis from any claims brought against Annunciation Parish/School/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 Annunciation Parish/School and Archdiocese in defense of such a claim/lawsuit.

**EMERGENCY MEDICAL TREATMENT:** In the event that my child should require medical treatment and is not able to communicate to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that my child has the following allergies and/or other health conditions:

\_\_\_\_\_

**In case of an emergency and for permission for treatment beyond emergency procedures, please contact:**

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night time phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date