

**CHURCH OF ST. MARY OF THE LAKE  
PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

(Work)

(Home)

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Date/Type of Event – \_\_\_\_\_

Destination – \_\_\_\_\_

Individual(s) in Charge – \_\_\_\_\_

Estimated time of departure and return – \_\_\_\_\_

Mode of transportation to and from event – \_\_\_\_\_

Student cost if applicable – \_\_\_\_\_

(FOR PARENTS/GUARDIANS): I, \_\_\_\_\_ give my permission for \_\_\_\_\_ to participate in the activity identified above

(Child's Name)

and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify release, absolve and hold harmless the Archdiocese of St. Paul and Minneapolis and the Church of St. Mary of the Lake, of Medicine Lake, Minnesota, its agents, employees, officers, persons transporting said child to and/or from said activity, leaders, organizers and sponsors from any claims or law suits brought by myself, my child or others that arises out of my child's participation in the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/Archdiocese in defense of a claim/law suit.

**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 a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact \_\_\_\_\_

(Name)

(Phone)

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

As parent or guardian, I certify that I have read this document. I voluntarily sign my name evidencing my acceptance of these provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_