

**Archdiocese of St. Paul/Minneapolis
Parental/Guardian Consent Form and Indemnity Agreement**

Participant's name: _____ Date of Birth: _____ Gender: _____

Home address: _____ Home Phone _____

Mother's name: _____ Work Phone: _____ Cell Phone _____

Father's name: _____ Work Phone: _____ Cell Phone: _____

Date of event: Sat. March 10, 2012 **(Permission slips and \$5 due March 7)**

Type of event: Intermission-Life's crazy! Press Pause! Praise and Worship, Adoration

Destination of event: Holy Name of Jesus, Wayzata

Individual in charge: Becky Hanel, Youth Minister

Estimated time of departure and return: Meet in youth room at 6pm. Pick up at IHM 9:30

Mode of transportation to and from event: carpool-I will need parent drivers

Student cost (if applicable): \$5 tickets

I, _____, grant permission for my child, _____, to
Parent or guardian's name Child's name

participate in the above named activity and I warrant that my child is in good health. I agree to indemnify Immaculate Heart of Mary Church and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against Immaculate Heart of Mary Church/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of the behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Immaculate Heart of Mary Church and the Archdiocese in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I hereby 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 & relationship: _____ Phone _____

Optional Medical Information:

Medication my child is taking at present: _____

Family Health Plan Carrier: _____ Policy #: _____

Family doctor: _____ Phone: _____

As Parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

I would like to help drive and chaperone: _____ cell # _____