

Diocese of Superior

Permission Form for Minors with Indemnity Agreement and Emergency Contacts

Child Information

Full Name: _____ Date of Birth: _____ Gender: Female Male

Address: _____ Grade: _____

Home parish name & city: _____

Event Information

Description of Event: Summer Mission Trip (30 spots available) Catholic Heart Workcamp is a service, and faith camp where the youth will be performing acts of service around the community of Billings, Montana as well as having a dynamic faith program at night that dives into issues facing teens in today's day. It is a week full of service and praise where the youth will be allowed to broaden their view of Christ's kingdom and take action in their faith.

Date of Event: July 7th-14th Begin time: TBD End time: TBD

Transportation Method: Caravan from Church to Billings, MT. (Exact logistics TBA)

Participant cost: \$570/person: Includes- Fee to attend camp, Travel there and back, Snacks for free time, Free Day activity Adventure Ziplining.

Sponsored by: Saint Patrick Parish—Hudson, WI

Supervised by: H Dorian

Your permission is needed for your child to participate in the event listed above.

To participate in this activity, this completed and signed permission form must be returned to:

• H Dorian or Parish Staff Member With \$50 non refundable deposit No later than: December 17th, 2017

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: _____ Date: _____

Relationship to child: _____ Print name: _____

Phone numbers – Home: _____ Work: _____ Cell: _____

Parents' email address: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Child's primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____

A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.

