

**Parent/Legal Guardian Permission Slip and Indemnity Agreement**



Your son/daughter, ward, \_\_\_\_\_ is eligible to participate in a school/parish-sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from St. Mary Parish /School. A brief description of the activity is as follows:

Date	<b>Thursday, May 9, 2024</b>	Time	<b>9:00 am</b>
Location	<b>Old World Wisconsin (W372 S9727 Hwy 67, Eagle, WI 53119)</b>		
			<b>Cost: N/A</b>
Transportation	Johnson School Bus		
Notes and Attire	<p><b>Student attire is their St. Mary's School gym uniform. Bring a raincoat if rainy. Students will return to school at 1:45 pm.</b></p> <p><b>Students will need to bring a cold lunch to be eaten at Old World Wisconsin.</b></p>		

Please cut bottom half to your child's teacher by: **Friday, May 3, 2024**

I give consent for my child/ward: \_\_\_\_\_ to participate **Old World Wisconsin.**

As parent or legal guardian, I agree to defend and fully indemnify St. Mary Parish and St. Mary School against any claim, which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless St. Mary Parish and St. Mary School against any claim or cause of action whatsoever brought against St. Mary Parish and St. Mary School which took place during the above identified activity, which is related to the activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above named child/ward, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participation in. I further understand that I had the opportunity to fully discuss the above named activity and this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

\_\_\_\_\_  
 Parent/Legal Guardian Signature                      Print Parent Name                      Date

\_\_\_\_\_  
 Address/City/State/Zip

\_\_\_\_\_  
 Cell phone #                      2<sup>nd</sup> contact phone#

I can chaperone (and I have satisfied all Milwaukee Archdiocese Safe Environment Program requirements)  
 I cannot chaperone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Physician Name: \_\_\_\_\_ Physician Phone \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>			
Date		Grade/Home room	
Location			