



Parent/Legal Guardian Permission Slip and Indemnity Agreement

Your son/daughter, ward, (STUDENT NAME) 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:

Table with 4 rows: Date (WEDNESDAY, OCTOBER 27, 2021), Time (9:30 am), Location (Walk from St. Mary's through Lime Kiln Park), Event (SOLES Walk for Catholic Education), and Notes and Attire (Students should wear: 1. St. Mary's Spirit Wear, 2. Comfortable tennis shoes, 3. Dress for the weather: (coat, gloves, hat). For parents joining us, please note: 1. Students will return from Mass, use the restroom and get ready for our walk, 2. Parent arrival between 9:20-9:30 am, 3. Gather in the activity center, 4. Homerooms will exit through the activity center doors where you can join your child's homeroom)

Please cut bottom half and return to your child's teacher by: Tuesday, October 26, 2021

I would like my child/ward: to participate in. 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 Date

Address/City

Hm Phone # Cell Phone #

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

HELP US PLAN: I/we will join the school for this walk: YES NO Number of parents joining us on the walk: #