

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	Friday, April 12, 2024	Time	6:30pm - 8:15pm (Doors Open 6:30pm)
Location	Movie Night: Marian Hall, St. Mary Parish School		
		Cost: \$6 donation charged through Blackbaud	
Transportation	N/A		
Notes and Attire	<p>This event is for enrolled St. Mary students only. Student(s) may bring a sleeping bag and pillow. Many of the younger students like to wear jammies!</p> <p>Pick up time is 8:15PM. Please enter and exit through main school entrance doors.</p>		

Please cut bottom half and return to student(s) teacher by: **Thursday, April 11th**

I give consent for my child/ward: _____ to participate in **Movie Night on Friday, April 12, 2024.**

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 understand 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 # where we can reach parent during movie

2nd contact phone#

_____ has my permission to pick up my child after the movie.

of students _____ x \$6.00