

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. Joseph School (parish/school).

A brief description of the activity is as follows:

TYPE OF ACTIVITY: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: \_\_\_\_\_

DATE & TIME OF ACTIVITY: \_\_\_\_\_

METHOD OF TRANSPORTATION (IF APPLICABLE): \_\_\_\_\_

STUDENT COST (IF APPLICABLE): \_\_\_\_\_

I would like my child/ward to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify St. Joseph School (parish/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. Joseph School (parish/school) against any claim or cause of action whatsoever brought against St. Joseph School (parish/school) which took place during the above identified activity, which is related to this 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 participating 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: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical 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: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity: \_\_\_\_\_

Return by: \_\_\_\_\_ Interested in chaperoning: \_\_\_\_ Yes \_\_\_\_ No (I will contact you)