

Wisconsin Catholic Youth Rally 10
Sat. March 27, 2010- Mt. Mary College Field house
Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child/Ward: _____

Parish School: St. Jerome Parish Faith Formation Department Grades.9-12

Designated Supervisor of Activity: Mrs. Coleen Valley and Faith Formation Teachers~~

Activity: Wisconsin Catholic Youth Rally 2010 @ Mount Mary College 2900 N Menomonee River Pkwy. Milwaukee. WI 53222

Date and time of activity: Saturday March 27. 2010 MEET AT SCHOOL AT 8:15 am-9:45pm
RETURN BACK TO ST. JEROME PARISH

Student Cost: \$35/person includes registration fee, meals, t-shirt and bus

Method of transportation: Bus

I consent to the participation of my child/ward in the Wisconsin Catholic Youth Rally. In consideration for my child/ward's participation, I agree to reimburse and indemnify the Wisconsin Catholic Youth Rally and its agent WYRE Ministries, and Mt. Mary-College (understood to include the Archdiocese of Milwaukee and its agents) for all reasonable legal and court fees incurred by Mt. Mary in defending a lawsuit that I or my child/ward may bring against Mt. Mary College which relates to the Wisconsin Catholic Youth Rally if Mt. Mary College is found not legally liable by the courts and prevails in the lawsuit. If Mt. Mary or the Wisconsin Catholic Youth Rally is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with the Wisconsin Catholic Youth Rally and/or a representative of Mt. Mary College 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. Include any medications and dosage pertinent to your child/ward:

I _____ consent to the use by the Archdiocese of Milwaukee and the Wisconsin Catholic Youth Rally any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of Office for Schools, Child and Youth Ministry or the Wisconsin Catholic Youth Rally. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Archdiocese of Milwaukee, Wisconsin Catholic Youth Rally or Mt. Mary College from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Signature

Date:

PLEASE RETURN BY WEDNESDAY 2/24 and **CIRCLE T-SHIRT SIZE** S M L XL