

Wisconsin Catholic Youth Rally **Junior High Edition '12** Sun. March 25, 2012- Mt. Mary College Field house Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____
Parish / School: St. Dominic Parish
Designated Supervisor of Activity: Debbie Olla and Adult leaders, parent chaperones
Activity: Wisconsin Catholic Youth Rally '12 @ Mt. Mary College
Date(s) and time of activity: Sunday, March 25, 2012- 12:10 pm-6:15 pm
Method of transportation: Laidlaw Bus
Student cost (if applicable): Registration Fee- \$20/person – included in LFF registration

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 agents, 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 Guarding 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, parishes represented 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 Life Long Faith Formation Office 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