



**Parental Authorization
For Junior and Senior High Youth Ministry Event**

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant Name: _____ **Date of Birth:** _____ **Gender:** _____

Parent/Guardian Name: _____

Home Address: _____

Street

City

State

Zip Code

Home Phone: _____ **Cell Phone:** _____

Type of event: Bowling at AMF Saxon Lanes

Destination: 61 Little Canada Road West, Little Canada, MN 55117

Person in Charge: Stefanie Wetzel, (610) 517-6561 **Emergency Only**

Date/Time: Friday, March 8, 7:45 PM to 10:15 PM (parent pick up at Youth Room)

Mode of Transportation: Volunteer Parent Drivers

Cost: \$20 bowling & shoe rental; cash for food & snacks is optional

I, _____, grant permission for _____

Parent or Guardian Name

Child's Name

to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Saint Rose of Lima and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against the Saint Rose of Lima/Archdiocese of St. Paul and Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Saint Rose of Lima and the Archdiocese in defense of such a claim/suit. I agree to drop my child off at the departure location and to provide transportation home at my expense. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the parish while participating in the event. I understand that if my child violates the Code of Conduct, he/she may be required to be transported home at my expense.

I also grant permission to Saint Rose of Lima to use photos of my child for use in promoting Saint Rose of Lima and Archdiocesan events. I agree that Saint Rose of Lima and the Archdiocese of St. Paul and Minneapolis may use such photographs in publications related to programs with the knowledge that these publications may be posted electronically on the World Wide Web for purposes of marketing, development, etc. Names of children will not be published. I/We agree to release, indemnify and defend Saint Rose of Lima and the Archdiocese of St. Paul and Minneapolis for any claims related to the use of my child's photos as described above.

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Insurance Policy Name and Number: _____

Family Doctor: _____ Phone number: _____

Other important medical information: _____

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 a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date