November Lifeline

Archdiocese of St. Paul/Minneapolis
Parental/Guardian Consent Form and Indemnity Agreement

Participant's name: _____ Date of Birth: _____ Gender: ____ Grade: ____

Home address: _____ Home Phone: _____

Mother's name: _____ Work Phone: _____ Cell Phone: _____

Father's name: _____Work Phone: _____ Cell Phone: _____

E-Mail: _____ _____

Date of event: Saturday, November 5, 2016
Type of event: Lifeline
Destination of event: NET Center West St. Paul, MN
Individual in charge: Elizabeth McCanna
Estimated time of departure and return: 5:00pm-10:00pm
Mode of transportation to and from event: Carpool
Student cost: Free Will Donation for Mass collection, Money for a snack at McDonald's!

Volunteers are needed to make this a success! (Check one)

- □ Yes I can help!
- □ No I cannot help

I, _____, grant permission for _____,
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. I agree to indemnify the Church of St. Peter and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the Church of St. Peter/Archdiocese of St. Paul/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 the Church of St. Peter and the Archdiocese in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I hereby 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 an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____ Phone:_____

Medical Information:

Medication my child is taking at present: _____
Family Health Plan Carrier: _____ Policy #:_____
Family doctor: _____ Phone: _____
Allergies and/or Other Medical Conditions: _____

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

Signature: _____ Date: _____