

HOLY TRINITY YOUTH MINISTRY
PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT
**** FORM MUST BE FILLED OUT FOR EACH YOUTH PARTICIPANT ****

Participant's name _____ Birth Date(mm/yyyy) _____

Address _____

City _____ State _____ Zip _____ Phone # (_____) _____

I give permission for my child/ward to participate in the following parish sponsored activity that requires my permission. This activity will take place under the guidance and supervision of volunteers from **Holy Trinity Parish**.

DESCRIPTION OF ACTIVITY:	Diocesan Youth Day
PLACE ACTIVITY WILL BE HELD:	Our Lady of Fatima Parish, Cumberland
DATE AND TIME:	Saturday, September 7, 2019 leaving Holy Trinity @9:15am
TRANSPORTATION:	Car

I would like my child/ward to participate in the above indicated activities. As parent or legal guardian, I agree to defend and fully indemnify **HOLY TRINITY Parish** 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 **HOLY TRINITY Parish** against any claim or cause of action whatsoever brought against **Holy Trinity Parish** which took place during any identified activities, which is related to that 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 would 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 **Holy Trinity** to clarify any concerns or questions about the activity or this agreement that I may have had. I give permission to **Holy Trinity Parish** to photograph, videotape and /or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities, and programs of **Holy Trinity Parish**. I understand that my child is not entitled to any compensation or rights in these materials, and I release **Holy Trinity** from any liability for the use of my child's image for the above stated purpose.

In case of any emergency, please contact:

Parent/Guardian Name _____	Contact Name _____
Relationship _____	Relationship _____
Home Phone # (_____) _____	Home Phone # (_____) _____
Work Phone # (_____) _____	Work Phone # (_____) _____
Cell Phone # (_____) _____	Cell Phone # (_____) _____

Allergies: _____
(Please be specific – food, medications, environmental – continue on back if needed)
Medications: _____
(Currently taking - Please be specific – continue on back if needed)

Medical Insurance Provider _____ Policy No. _____

EMERGENCY MEDICAL TREATMENT: IN THE EVENT OF AN EMERGENCY, I GIVE PERMISSION TO TRANSPORT MY CHILD/WARD TO A HOSPITAL FOR EMERGENCY MEDICAL TREATMENT. I WISH TO BE ADVISED PRIOR TO ANY FURTHER TREATMENT BY THE HOSPITAL OR DOCTOR.

Signature of parent/guardian _____ **Date** _____