Minnesota Teens for Life Conference

**January 14th, 2018**

# PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex

Parent/Guardian Name

Home Address

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event/Field Trip January 14th, 2018 Type of Field Trip Minnesota Teens for Life Conference

Destination Sacred Heart Catholic Church, Robbinsdale, MN

Individual(s)/Teacher(s) in Charge

Estimated Time of Departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return

Mode of Transportation To & From Event

Student Cost: $20/participant (for the conference- add for transportation) add extra for transportation:

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. In consideration of my child’s participation, I agree to indemnify the parish/school, the Archdiocese of St. Paul & Minneapolis, Sacred Heart Catholic Church and Minnesota Youth for Life from any claims or law suits brought against the parish/school /Archdiocese of St. Paul & Minneapolis, Sacred Heart Catholic Church and Minnesota Youth for Life 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 parish/school and the Archdiocese, Sacred Heart Catholic Church and Minnesota Youth for Life in defense of such a claim/suit.

I also grant permission to the parish / school to use photos of my child for use in promoting parish / school and Archdiocesan, Sacred Heart Catholic Church and Minnesota Youth for Life events. I agree that the parish / school and the Archdiocese of Saint Paul and Minneapolis, Sacred Heart Catholic Church and Minnesota Youth for Life 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 Names of children will not be published.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 the parish / school and the Archdiocese of Saint Paul and Minneapolis, Sacred Heart Catholic Church and Minnesota Youth for Life for any claims related to the use of my child’s photos as described above.

**EMERGENCY MEDICAL TREATMENT**: In the event of an emergency, I give permission to transport my child to a hospital for 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

Name Phone Number

**OPTIONAL MEDICAL INFORMATION**:

Medication my child is taking at present

Family Health Plan carrier number

Family Doctor Phone Number

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

Signature Date