

**PARENT/LEGAL GUARDIAN PERMISSION SLIP
AND INDEMNITY AGREEMENT
St. John Vianney Christian Formation Office**



CHILD/WARD: _____

PARISH/SCHOOL: St. John Vianney

DESIGNATED SUPERVISOR OF ACTIVITY: Dave Baudry

ACTIVITY: Confirmation Retreat at Camp Whitcomb/Mason, W294 N8436 Camp Whitcomb Rd. Hartland, WI 53029. Phone: (262) 538-1190

DESCRIPTION OF ACTIVITY: Confirmation Retreat will begin at 8:30am at Camp Whitcomb Mason Friendship Lodge and end at 8:00pm. Parents are requested to drop off and pick up their children to and from the camp. For student safety and the success of the retreat, candidates cannot arrive late for the retreat or be picked up early, or drive themselves to the retreat.

****DATE & TIME OF ACTIVITY:** Saturday, October 24, 2020 or Saturday, November 14, 2020 from 8:30am to 8:00pm

**** Retreat date I have signed up on Sign-Up Genius for is: Oct. 24 Nov. 14 (Circle one)**

METHOD OF TRANSPORTATION: Parent's personal cars—Students may not drive themselves.

STUDENT COST: \$100.00 (Note: Some of you may have already paid this with your registration fees)

I consent to the participation of my CHILD/WARD in the above- named ACTIVITY. In consideration for my CHILD/WARD'S participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above-named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

St John Vianney cannot guarantee that you, members of your household, or your child(ren) will not become infected with COVID-19 and cannot guarantee that attendance at the retreat will not increase your risk and/or your child(ren)'s risk of contracting COVID-19.

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 a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

Home _____ Cell: _____
Phone Numbers

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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Phone# _____

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above-identified ACTIVITY: _____

Please list any special dietary needs: _____

Please complete and return this form to the Christian Formation Office at St. John Vianney by Sunday, October 4, 2020. Also sign up on Sign Up Genius by Oct. 4 to reserve your space. Limit of 35 per retreat—First Come, First Served. If you do not turn in this form completed and signed, you will not be able to participate in the retreat.

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906.