

**PARENT/LEGAL GUARDIAN PERMISSION SLIP
AND INDEMNITY AGREEMENT**

CHILD/WARD: _____

PARISH/SCHOOL: Saint Sebastian Church Hall, 5400 W. Washington Blvd. Milw. 53208

DESIGNATED SUPERVISOR OF ACTIVITY: Joan Plumley/Mary-Ellen Pfeiffer/Joseph Nettersheim

ACTIVITY: /St. Sebastian/Mother of Good Counsel/ St. Margaret Mary Junior High/Middle School Dance at St. Sebastian

DATE AND TIME OF ACTIVITY: 1/18/08 From 7:00pm to 9:30pm
Parent/Guardian must sign-in child by 7:25pm and pick up and sign-out child at 9:30PM.
No child is allowed to enter the dance after 7:30pm or leave the dance before 9:30PM.

METHOD OF TRANSPORTATION: Parents' vehicles

STUDENT COST: \$5.00 Beverages provided, food available for purchase

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.

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

Phone Numbers (where can be reached during event)

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

Name: _____ Relationship: _____ Phone Number: _____

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

I agree to abide by the Junior High Activities Policies for all St. Sebastian, MGC, & St. Margaret Mary dances.

Student signature: _____ Date _____

Parent Signature: _____ Date _____ Yes, I can chaperone. _____

Permission slip due by Jan. 16 to supervisors listed above. Parents please come into the Church Hall to check-in your child at 7:00 P.M. and to pick up at 9:30 P.M.