

Teen Help Out Day

Friday, July 16, 2021- Most Blessed Sacrament Parish

Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____

Designated Supervisor of Activity: Shannon Ausloos _____

Activity: Teen Help Out Day (Cleaning Out Mission Center/Old School Building)

Date(s) and time of activity: Friday, July 16- 9:00am-12:00pm

I consent to the participation of my child/ward in the Teen Help Out Day. In consideration for my child/ward's participation, I agree to reimburse and indemnify Most Blessed Sacrament Parish and the Diocese of Green Bay for all reasonable legal and court fees incurred by Most Blessed Sacrament Parish or the Diocese of Green Bay in defending a lawsuit that I or my child/ward may bring against Most Blessed Sacrament Parish or the Diocese of Green Bay which relates to Teen Help Out Day if Most Blessed Sacrament Parish or the Diocese of Green Bay is found not legally liable by the courts and prevails in the lawsuit. If Most Blessed Sacrament Parish or the Diocese of Green Bay is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I understand 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 Most Blessed Sacrament Parish to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guarding Signature

Date

Address

Home phone / Cell phone

Email Address: _____

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 an emergency, if you are unable to reach me at the above numbers, contact:**

Name: _____

Phone Number: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity. Include any medications and dosage pertinent to your child/ward: _____

Please bring to Teen Help Out Day or email to Shannon Ausloos at
mbssaAusloos@gmail.com