

Saints, Inc. Field Trip Permission Slip

Participant's Name (s): _____

Parent/Guardian's Name: _____

Type of Event: Activities located in Waconia that can be reached by car or walking

Coverage Period: June 6, 2009 to September 4, 2009

Destination: Various Waconia Locations

Mode of Transportation to & from event: Car/Walking

Ratio of student to chaperones: 10:1

I, _____, grant permission for _____
Parent or Guardian's Name *Child (ren)'s Name*

To participate in the above named activity and I warrant that my child (ren) is in good health. In consideration of my child (ren)'s participation, I agree to indemnify St. Joseph Parish and the Archdiocese of St. Paul/ Minneapolis by myself, my child or others, which 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 St. Joseph Parish and Archdiocese in defense of such a claim/ law suit.

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 a doctor or hospital. In the event of an emergency, if you are unable to reach me, contact:

Emergency Contact Name *Phone Number*

As parent or guardian, I agree to all of the above stated considerations and conditions.

** Parent/Guardian Signature* *Date*

Phone Number

* If a custodial agreement is in effect, the custodial parent must sign