

Diocese of Superior
Permission Form for Minors with Indemnity Agreement and Emergency Contacts

Youth Information

Full Name: _____ Date of Birth: _____ Gender: Female Male

Address: _____

Home parish name & city: _____ Grade in 2021-22 SY: _____

Event Information

Description of Event: Totus Tuus 2021

Date of Event: Grades 1-6 attend Monday June 14 – Friday June 18 / 9:00am - 2:30pm

Grades 7-12 attend Sunday June 13 – Thursday June 17 / 7:30pm - 9:30pm

Place of Event: Our Lady of Lourdes, Dobie

Transportation Method: Parents will transport students to & from event

Participant cost: \$25 per student or \$75 for 3 or more students *(Make checks payable to St Joseph)*

Sponsored by: Four Parishes One Faith Cluster Faith Formation

Supervised by: Staff and Volunteers

I am willing to Volunteer: _____ Safe Environment Certified: YES or No****I would like more information about the Safe Environment Training--my email is: _____**

Your permission is needed for your child to participate in the event listed above. Please return this signed form by the first night of Totus Tuus.

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: _____ Date: _____

Name (print): _____ Relationship: _____

Phone number – Home: _____ Work: _____ Cell: _____

Parent email address: _____

EMERGENCY CONTACTS

Name (print): _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name (print): _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Child's primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____

A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.

Check here if you DO NOT give permission for the use of your child's image & likeness associated with this event.