

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

CHILD/WARD: _____

PARISH/SCHOOL: St. John Vianney Confirmation Program

DESIGNATED SUPERVISOR OF ACTIVITY: John B. Thompson, Director of Youth Ministry

ACTIVITY: Confirmation Retreat – Required for all Confirmation candidates

DESCRIPTION OF ACTIVITY: The Confirmation Retreats all begin at 4:30 p.m. on Friday and end at 5:30 p.m. on Saturday. You will attend one of three retreats. All three retreats will take place at Camp Whitcomb Mason at W294 N8436 Camp Whitcomb Road, Hartland, WI 53029-8900, and end with the 4:30 p.m. Saturday mass at St. John Vianney.

DATE & TIME OF ACTIVITY: You will be assigned to a retreat, and you may not get your first choice. Please indicate your first, second, and third retreat choices by writing a number in the spaces below:

Fall Retreat, November 11-12, 2011 _____

Winter Retreat, February 10-11, 2012 _____

Spring Retreat, March 9-10, 2012 _____

METHOD OF TRANSPORTATION: Bus from and to the St. John Vianney parking lot

STUDENT COST (IF ANY): Included in the registration fee for Confirmation

I consent to the participation of my CHILD/WARD in the above name 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

Home _____ Alternate: _____
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 complete and return this form to the Christian Formation Office by Sunday, September 11, 2011.
If you do not turn in this form completed and signed, you will not be able to participate in the retreat.**