



ARCHDIOCESAN YOUTH DAY

October 27th, 2018



THIS FORM NEEDS TO BE TURNED INTO THE YOUTH MINISTRY OFFICE NO LATER THAN SEPT. 26

FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Parish / School _____ City _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Date of Event/Field Trip **October 27, 2018** Type of Field Trip **Archdiocesan Youth Day**
Destination **Roy Wilkins Auditorium, River Center, St. Paul, MN**
Individual(s)/Teacher(s) in Charge **Anna Scherber**
Estimated Time of Departure from St. Raphael **12:30 PM** Return to St. Raphael **10:00 PM**
Mode of Transportation To & From Event **Bus or Carpool**
Student Cost (if applicable) **\$15.00**

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to hold the Church of St. Raphael and the Archdiocese of St. Paul & Minneapolis harmless from any and all claims resulting in my child's participation in this event. I further agree to indemnify the Church of St. Raphael and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Raphael and the Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above and for any harm my child incurs by reason of their participation in the above described event. I also agree to pay reasonable attorney's fees or expenses incurred by the Church of St. Raphael and the Archdiocese in defense of such a claim/suit.

USE OF IMAGE: I grant permission to the Church of St. Raphael and the Archdiocese of Saint Paul and Minneapolis to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release and the Archdiocese of Saint Paul and Minneapolis or anyone authorized by the Archdiocese of Saint Paul and Minneapolis with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use is consistent with the acceptable use policy for electronic communications and other policies.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

OPTIONAL MEDICAL INFORMATION:
Medication my child is taking at present _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date