

Night Without a Home
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Participant Name _____

Date of Birth _____ Gender _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address: _____

Parish: St. Michael Catholic Church, 16311 Duluth Ave SE, Prior Lake, MN

Date of Event/Field Trip: Friday, October 27 & Saturday, October 28/ Night Without a Home

Destination: St. Michael Catholic Church—Archangels Hall

Individual in Charge: Lori Hinker, Middle School Faith Formation Director

Start Time of Event: 10:00pm, Friday End of Event: 6:30am, Saturday

Mode of Transportation To & From Event: Parent/ Guardian

Participant Cost: \$15.00 Each Deadline: Wednesday, October 25

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 indemnify the St. Michael Catholic Church and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the St. Michael Catholic Church /Archdiocese of Saint Paul and Minneapolis by myself, my child or others, that 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 the parish/school and the Archdiocese in defense of such a claim/suit.

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

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

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

- ☐ I _____ (*PLEASE PRINT NAME*) **can Chaperone**
- ☐ *I have fulfilled requirements (background check & VIRTUS training) of the U.S. Bishops Charter to Protect & Archdiocesan Risk Management Guidelines*

PLEASE NOTE: If parent/participant ratios are not met in accordance with
Archdiocesan PCYL guidelines, this event will be cancelled