

**OUT OF TOWN ACTIVITY**

**PARENT/LEGAL GUARDIAN PERMISSION SLIP  
AND INDEMNITY AGREEMENT**

**Parish/School:** St. Mary's Springs Academy

**Designated Supervisor of Activity:** SMSA Teachers

**Activity:** Riding the student fan bus to the watch the SMSA vs. Baldwin-Woodville/Saint Croix Central game at the State Hockey Tournament at Veteran's Memorial Coliseum, Alliant Energy Center Way, Madison, WI

**Date(s) and Time of Activity:** Thursday March 3, 2022 / Bus load at 10:00 a.m.

**Method of Transportation:** Bus

**Student Cost (if applicable):** \$5.00

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



**Student/Child/Ward:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Home \_\_\_\_\_ Work \_\_\_\_\_  
Phone Numbers

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

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified activity: \_\_\_\_\_

**PLEASE RETURN FORM BY: at the time of payment by Wednesday 3/2/2022** \_\_\_\_\_