



2019 Spring Miriam Dinner

(Consent & Indemnity form for guests under the age of 18)

Tuesday, March 12, 2019 6 - 8 p.m.

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 **March 12, 2018** Type of Event **Miriam Dinner**

Destination Holy Cross Catholic Church Campus , NE Minneapolis

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 parish/school archdiocese harmless from any and all claims resulting in my child's participation in this event. I further agree to indemnify the Vocations Office and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Vocations Office /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 parish/school and the Archdiocese in defense of such a claim/suit.

USE OF IMAGE: I grant permission to the Vocations Office and 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