Wisconsin Catholic Youth Rally 2012
"MIDDLE SCHOOL EDITION"
Sunday. March 25, 2012- Mt. Mary College Field house
Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____
Parish / School: St. Francis Borgia Parish, Cedarburg, WI
Designated Supervisor of Activity: Maria Spenner and designated Adults
Activity: Wisconsin Catholic Youth Rally '12 @ Mt. Mary College
Date(s) and time of activity: Sunday, March 25, 2012- Leave SFB at Noon Return SFB approx. 6:30PM
Method of transportation: Carpool-**Adult Drivers Needed**
Student cost (if applicable): $25 includes registration and snack
Registration Deadline: **February 15, 2012** Permission form and check payable to **St. Francis Borgia Parish**

I consent to the participation of my child/ward in the Wisconsin Catholic Youth Rally. In consideration for my child/ward's participation, I agree to reimburse and indemnify the Wisconsin Catholic Youth Rally and it's agent WYRE Ministries, and Mt. Mary College for all reasonable legal and court fees incurred by Mt. Mary in defending a lawsuit that I or my child/ward may bring against Mt. Mary College which relates to the Wisconsin Catholic Youth Rally if Mt. Mary College is found not legally liable by the courts and prevails in the lawsuit. If Mt. Mary or the Wisconsin Catholic Youth Rally 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 the Wisconsin Catholic Youth Rally and/or a representative of Mt. Mary College to clarify any concerns or questions about the activity or this agreement that I may have had.

_____ _____
Parent / Legal Guarding Signature Date

_____ _____ / _____
Address Home phone Cell phone

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. Include any medications and dosage pertinent to your child/ward: _____

I, _____, consent to the use by the Wisconsin Catholic Youth Rally any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of Office for Schools, Child and Youth Ministry or the Wisconsin Catholic Youth Rally. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of Wisconsin Catholic Youth Rally or Mt. Mary College from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

_____ _____
Signature Date

Return to: St. Francis Borgia Youth Ministry Office, 1375 Covered Bridge Rd, Cedarburg, WI 53012
Registration Deadline: Wednesday, February 15, 2012