



January 29, 2024 Xcel Energy Center

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT



Student/Participant Name: _____ Male Female

Date of Birth: _____

Parent/Guardian Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Parish/School: _____ Date of Event: Jan. 29, 2024

Type of Event/Activity: Mass of the Holy Spirit Cost: \$0.00 (includes bus)

I, _____, grant permission for _____
Parent/Guardian Name Student/Participant 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 _____,
Parish/School Name

the Catholic Schools Center of Excellence, and the Archdiocese of St. Paul and Minneapolis from any claims or lawsuits brought against the _____, the Catholic Schools
Parish/School Name

Center of Excellence, and/or the Archdiocese of St. Paul and Minneapolis by myself, my child, or others, that arise 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, please contact:

Name Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication My Child Is Taking: _____

Allergies: _____ Other Medical Conditions: _____

Family Health-plan Carrier Number: _____

Family Doctor: _____ Doctor's Phone Number: _____

As parent or guardian, I agree to all of the above stated considerations and conditions:

Signature Date