

HOLY HILL
Saturday, November 19, 2016
PARENT / LEGAL GUARDIAN / SELF
PERMISSION AND INDEMNITY AGREEMENT

ATTENDEE NAME: _____

PARISH: St. Lawrence Catholic Church, 4886 Hwy 175, Hartford, WI 53027

GRADE: 11, All are Welcome

ACTIVITY: Mini-Pilgrimage to Holy Hill (Counts for Confirmation)

DESIGNATED SUPERVISORS OF ACTIVITY: Jacquelyn Haas, DRE, Parents

DESCRIPTION OF ACTIVITY: Mini-Pilgrimage to Holy Hill in Hubertus, WI, for the Jubilee Year of Mercy's closing of the Holy Doors. We will start loading at 2:30 p.m. in the Parking Lot across from St. Lawrence Church. We will depart promptly at 2:35 p.m. We will explore grounds, Basilica and Shrine, and have an opportunity to go to the gift shop. Mass with Archbishop Listecki at 4:30 p.m. Back to St. Lawrence Church parking lot by 6 p.m.

METHOD OF TRANSPORTATION: Bus, will depart from and return to St. Lawrence Church parking lot

FEE: \$5, includes a snack

TO BRING (Optional): Donation for Mass Offertory, Money for Gift Store

REGISTRATION DEADLINE: NOVEMBER 6, 2016 (need to reserve bus)

I consent to the participation of my SON/DAUGHTER/SELF in the above-named activity. In consideration for my SON/DAUGHTER/SELF'S participation, I agree to reimburse and indemnify the PARISH (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH in defending a lawsuit that I or my SON/DAUGHTER may bring against the PARISH which relates to the above-named activity if the PARISH is found not legally liable by the courts and prevails in the lawsuit. If the PARISH is found legally liable for injuries sustained by SON/DAUGHTER/SELF, this paragraph will not apply.

I certify that I have read and understood this agreement and noted any risks and hazards associated with the activity described above. I further certify that I had the opportunity to fully discuss this agreement with a representative of the PARISH to clarify any concerns or questions about the activity or this agreement.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission for the transportation and treatment necessary for the health and life of my son or daughter.

EMERGENCY CONTACT (in addition to parents)

_____ PHONE _____

Additional information about my son, daughter, or self which may be pertinent to his/her participation the above activity or to medical treatment: _____

PARENTS'/GUARDIANS' NAMES _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____

SIGNATURE _____ DATE _____