Wisconsin Catholic Youth Rally '10
Sat. March 27, 2010- Mt. Mary College Field house
Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____
Parish / School: _____
Designated Supervisor of Activity: _____
Activity: Wisconsin Catholic Youth Rally '10 @ Mt. Mary College
Date(s) and time of activity: Saturday, March 27, 2010- 10am-9pm- Check-in begins at 9am
Method of transportation: _____
Registration Fee: $25/person by March 15, 2010

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 or WYRE Ministries in defending a lawsuit that I or my child/ward may bring against Mt. Mary College or WYRE Ministries which relates to the Wisconsin Catholic Youth Rally if Mt. Mary College and WYRE Ministries is found not legally liable by the courts and prevails in the lawsuit. If Mt. Mary or WYRE Ministries 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 the Wisconsin Catholic Youth Rally. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the 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

Please give to leader: To be brought to the WCYR on March 27 (Please do not mail)

Updated 2/2010