

Mall of America Permission slip
Friday, January 19, 2018

Participant's Name: _____

Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____

Date/Type of event: Trip to Mall of America

Destination: Nickelodeon Universe

Individual in Charge:

Est. Depart Time and Return: 9:00am – 4:15pm

Mode of Transport: Stahlke Bus Company

I, _____, grant permission for _____ 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 the parish/school/ and the Archdioceses of St. Paul/Minneapolis from any claims of law suits against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises of any behavior my child at the event/activity described above. I also agree to pay reasonable attorney's fees of expenses incurred by the parish/school and the Archdiocese in defense of such a claim/law suit.

Each choir member may bring a friend whose wrist band cost will be \$15.00. Family members are welcome and will be paid for by the church. Each choir member will be given money for lunch.

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 a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above number contact _____

(Phone) _____ (Name)

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Doctor: _____

As a Parent or Guardian, I agree to all the above stated considerations and conditions.

(Signature) _____ (Date)