Diocese of Superior

Permission Form for Minors with Indemnity Agreement and Emergency Contacts

Child Information

Full Name: _____ Date of Birth: _____ Gender: Female Male

Address: _____

Home parish name & city: _____

Event Information

Description of Event: Middle School Youth Night

Date of Event: Friday October 24, 2025 Begin time: 6:30pm End time: 8:30pm

Transportation Method: N/A

Participant cost: $8 for pizza and pumpkin

Sponsored by: Youth and Family Discipleship

Supervised by: Brigitta Kaiser

Your permission is needed for your child to participate in the event listed above. Please return this signed form no later than October 23 to Brigitta Kaiser at brigittak@stpatrickofhudson.org.

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I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: _____ Date: _____

Relationship to child: _____

Phone numbers – Home: _____ Work: _____ Cell: _____

Parents' email address: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Child's primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____

A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.