

Parent or Legal Guardian Permission Slip and Indemnity Agreement

This completed and signed permission form must be turned in on or before the day of the event below.

Child's Full Legal Name: _____

Child's Date of Birth: _____ **Address:** _____

Emergency Contact (Name): _____ **(Phone)** _____

Your child (named above) is eligible to participate in a Knights of Columbus sponsored activity that requires your permission. We will have volunteers from the Knights of Columbus, Council # 1762 assisting.

A brief description of the activity is as follows:

Type of activity : Altar Server Appreciation Party

Description of activity: Pizza and Bowling

Date and time of activity: Saturday, January 31, 2026 1:00-3:00

Location of activity: **Pizza at the St. Croix Lanes (River Falls) bowling alley**

Method of transportation: Parents are responsible for all transportation to and from this event

Participant cost: None

I consent to the participation of my child in the above named activity.

I understand that the activity will take place away from Saint Patrick Parish and that my child will be under supervision of volunteers of the Knights of Columbus, Council # 1762. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby release and indemnify the Knights of Columbus, Council # 1762, its officers, its volunteers, and Saint Patrick Parish from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Parent or guardian name (please print): _____

Parent or guardian signature: _____ **Date:** _____

Address of parent or legal guardian: _____

Phone numbers - Home: _____ **Work:** _____ **Cell:** _____

• **Email:** _____

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