PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter/ward_____ is eligible to participate in a school-sponsored activity that requires permission. This activity will take place under the guidance and supervision and parents a brief description of the activity is as follows:

Type of Activity: ____**Stacking Club**_____

Description of Activity: __**Speed Stacking**_____

Cost: __**_____No Cost**_____

Date and Time:**9/15/09, 10/13/09, 11/17/09, 12/15/09, 01/12/09, 02/16/09, 03/16/09 – 3:00-4:00PM**_

Transportation: _____**Hall**_____

I would like my child/ward to participate in this activity. As parent of legal guardian, I agree to defend and fully indemnify **Our Lady of Lourdes School** against any claim that may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless **Our Lady of Lourdes School** against any claim or cause of action whatsoever brought against **Our Lady of Lourdes School** which took place during the above identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity: And this agreement with a representative of **Our Lady of Lourdes School** to clarify any concerns of questions about the activity or this agreement that I may have had.

_____

Parent/Legal Guardian Signature Date Phone

_____

Parent/Legal Guardian Signature Date 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 number, contact _____at phone number_____.