

EDGE & LIFE TEEN PARTICIPANT AGREEMENT



Student Information:

Name: _____ First Last	Date of Birth: _____
School: _____	Grade: _____
Email: _____	Cell #: _____
Allergies, Medications, or other health concerns:	

Please attach any personal/medical information about your CHILD/WARD which may be pertinent to his or her participation in EDGE & LIFE TEEN

Family Information:

Father's Name: _____ First Last	Father Cell #: _____
Mother's Name: _____ First Last	Mother Cell #: _____
Email: _____	Home Phone #: _____
Insurance Company: _____	Policy #: _____ <small>Please include Member ID and Group #</small>

Emergency Contact Information:

Please provide an emergency contact, **other than a parent**, in the case that neither parent can be reached. *Please Print Clearly.*

Name: _____ First Last	Phone #: _____
Relationship to Student: _____	

INDEMNITY AGREEMENT

I/We hereby consent to participation by my/our child/ward in this St. Dominic Catholic Parish ministry and hereby release St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) from responsibility of personal injury. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify St. Dominic Catholic Parish (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by St. Dominic Catholic Parish in defending a lawsuit that I or my CHILD/WARD may bring against the parish which relates to the above named ministries if the parish is found not legally liable by the courts and prevails in the lawsuit. If the parish 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 ministry that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the St. Dominic Catholic Parish to clarify any concerns or questions about the ministry or this agreement that I may have had.

Parent/Legal Guardian Signature: _____ Date: _____

EMERGENCY TREATMENT

I/We further give our permission for any medical treatment deemed necessary while said child/ward are under the care of St. Dominic Catholic Parish and its representatives as a participant. Parents will be contacted immediately should medical treatment or hospitalization be required. In the event of any emergency, and I/We cannot be reached, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If I/We are unable to be reached, the listed emergency contact is given temporary medical power of attorney until we are reached.

Parent/Legal Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

I/We hereby understand that my child/ward's participation in this event/class grants St. Dominic Catholic Parish permission to use my child's photograph(s)/video in any of its current or future publications. I will make no monetary or other claim against St. Dominic Catholic Parish for the use of the photograph(s)/video for any current or future use.

Parent/Legal Guardian Signature: _____ Date: _____

This form has been prepared by and is required by the Archdiocese of Milwaukee's Protected Self-Insurance Program.

Direct questions to Catholic Mutual Group at: (262) 255-6906.

Parish-specific questions should be directed to Andrew Schueller at: (262) 781.3480