

St Patrick's Fall Festival Fun Run
For Participants Under 18 years of age

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT
THE CHURCH OF ST. PATRICK OF EDINA

Date: _____

Medication this child is
presently taking

Participant's Name: _____

Birth Date ____/____/____ _____

Participant's Name: _____

Birth Date ____/____/____ _____

Participant's Name: _____

Birth Date ____/____/____ _____

Participant's Name: _____

Birth Date ____/____/____ _____

Parent/Guardian's Name: _____

Home Phone _____ Cell Phone: _____

Home Address: _____

Date/Event: **Saturday, September 11, 2010/St Patrick's Fall Festival Fun Run**

Destination: **St. Patrick's Church and Edina High School**

Individual(s) in Charge: **Cappy Moore/Kris Hayes**

Cost: **\$5.00 per person or \$10 per family**

Estimated Time: **9:00AM Registration Starts, 9:30AM Fun Run Starts**

Mode of transportation: **Walk or Run**

I, _____, grant permission for _____
(parent or guardian's name) *(student(s)'s name(s))*

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

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 event of an emergency, if you are unable to reach me at the above numbers,

Contact: _____ Phone: _____

MEDICAL INFORMATION:

Family Health Plan carrier number: _____

Family Doctor: _____ Phone: _____

As parent of guardian, I agree to all of the above stated considerations and conditions.

(signature)

(date)