

St. John Neumann Catholic School  
721 Polo Rd  
Columbia, SC 29223  
803-788-1367

Parent/Legal Guardian Permission Slip  
And Indemnity Agreement

Child/Ward: \_\_\_\_\_  
Parish/School: St John Neumann Catholic School  
Designated Supervisor of Activity: Classroom & special's teachers +  
Date(s) And Time Of Activity: Friday, Oct 30 Ms. Cole  
Activity: Roller Skating  
Description of Activity: \_\_\_\_\_  
Method of Transportation: Car - buses

NOTE: Parish/School is not liable for any accident/incident that occurs to and from the activity of where the participant and/or the parent/legal guardian supplies transportation.

Student Cost (If Applicable): -0- Compliments of PSA

Dress Code for Activity: Halloween shirts, orange, white black shirts and jeans

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include the Diocese of Charleston) for all reasonable legal and court fees incurred by PARISH/SCHOOL which relates to the above named activity if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL 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 ACTIVITY described above 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 PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

( ) \_\_\_\_\_ / ( ) \_\_\_\_\_  
Phone Numbers (Home/Work)

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 numbers, contact:

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Please furnish medical information about your CHILD/WARD which may be pertinent to his/her participation in the above identified activity: \_\_\_\_\_

PLEASE RETURN BY: \_\_\_\_\_

*Ms. Cole*