

Permission & Agreement Form

I/we, the undersigned parent(s) or legal guardian(s) of _____
Print Child's Name

Do hereby give permission for my child to take part in the following activity:

Description: Ski and Snowboard Retreat

Date(s): January 22nd – 24th, 2010

Location: Paoli Peaks Ski Resort
PO Box 67
Paoli, IN 47454-0067
812-723-4696

Camp Rivervale
R. R. 3 Box 439
Mitchell, IN 47446
812-723-3369
Office: (812) 849-3631
e-mail: rivervale@sicumc

Transportation: Private Cars

I/we further understand and agree that I/we assume full responsibility for any loss or damage to property or for bodily injury to others, caused by the above named child, whether by accident or intent. I hereby release and agree to indemnify and hold harmless St. Joseph Catholic Church, Marion, Illinois, and all persons connected with this event from any liability, claims, or damages for personal injury, or property loss or damage that may result during the event.

It is further understood that I/we assume all responsibility for payment of any medical expenses incurred by the child due to any illness or injury incurred during the above described activity.

I/we have read the above Form; I/we fully understand the Agreement and consent to its terms.

X _____

X _____

Emergency Phone Number _____

Date _____