

ABBY JOHNSON: UNPLANNED*

Parent/Legal Guardian Permission Slip & Indemnity Agreement Due Sept 12

Child / Ward _____

Parish Group: St Al's, IHM and MQH

Designated Supervisor of Activity: Linda Koch

Activity: Pro- Life and Chastity Presentation and prayer

Date & time of activity: Wed September 18: 7:00pm-9:00pm at St Dominic Parish, Brookfield

****Please arrive at St. Dominic's BY 6:45pm to check-in with your parish group!*

Method of transportation: Arrange your own transportation to and from St. Dominic Church

Fee: Free will offering will be gladly accepted for this event

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/Archdiocese of Milwaukee for all reasonable and legal court fees incurred by parish/school/Archdiocese of Milwaukee in defending a lawsuit that I or my child/ward may bring against the parish/school/Archdiocese of Milwaukee which relates to the above named activity if the parish/school/Archdiocese of Milwaukee is found not legally liable by the courts and prevails in the lawsuit. If the parish/school/Archdiocese of Milwaukee 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 discuss this agreement with a representative of the parish/school/Archdiocese of Milwaukee to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guarding Signature

Date

Address

Home phone

/

Cell 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 numbers, contact:

Name: _____

Phone Number: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity. Include any medications and dosage pertinent to your child/ward:

I, _____, consent to the use by the parish/school/Archdiocese of Milwaukee any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of Archdiocesan Youth Events. Such promotional activities extend to recruitment, fundraising, advocacy, etc. I release the staff, volunteers, etc. of the parish/school/ Archdiocese of Milwaukee from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Parent / Legal Guarding Signature

Date

***The content of this presentation contains sensitive material: Abby ran an abortion clinic for years, believing she was helping woman in crisis.....then she was asked to help during an ultrasound guided abortion. The details are hard to hear but the Truth needs to be told. If you have questions please contact the office.**