

Middle school and high school youth group

Calling all 6th-12th Graders!



**Join us for a walk in the
St. Francis de Sales
Seminary Woods.**

On Friday, May 17th
from 5:00-9:00pm

At Good Shepherd

For our last youth group event of the school year we will be going to the St. Francis de Sales Seminary and hiking through the woods on their property. It's a fabulous location with beauty everywhere. Then we will stop for some frozen custard on the way home.

Cost is \$5 per person.



Any questions? Contact: Corinna Ramsey at ramseyc@archmil.org or 262-345-3897
Bryan Ramsey at ramseyb@archmil.org or 262-253-2915

Seminary Woods Parent/Legal Guardian Permission Slip for and Indemnity Agreement

Name of Son/Daughter: _____
Parish/School: Good Shepherd City: Menomonee Falls
Supervisor: Corinna Ramsey Phone: 262-345-3897 Parish/School Joining: St. James
Destination/Activity: St. Francis de Sales Seminary Date: Friday, May 17th, 2019
Mode of Transportation: Parents will transport their own children to Good Shepherd in Menomonee Falls; then chaperone driven vehicles will be taken to/from the seminary (3257 S Lake Dr, St Francis, WI 53235)
Arrival/Pick Up Time: 5:00pm-9:00pm
Please Complete Form and Return by: May 15th, 2019
Cost: \$5 (includes custard) checks payable to Good Shepherd

**In consideration for my child/ward participation, I agree to reimburse and indemnify parishes for all reasonable legal and court fees incurred by parishes in defending a lawsuit that I or my child/ward may bring against parishes, which relates to the above named activity if is found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by son/daughter/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 have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have. As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above.

****Photo & Video Release:** I hereby give my permission to the parishes for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

**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.

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____ City, State, Zip: _____

E-mail address(es): _____

Home Phone: _____ Other phone(s): _____

Parent/ Guardian's Signature: _____ Date: _____

If you are unable to reach me at the above numbers, contact:

Alternate Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Name of Medical Insurance: _____ Policy #: _____

Pertinent Medical Conditions:
