

**PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY
AGREEMENT**

Your son/ward, _____, is eligible to participate in a diocesan-sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from Our Lady of Providence Seminary and the Office of Vocations. A brief description of the activity is as follows:

TYPE OF ACTIVITY: Quo Vadis Camp

DESCRIPTION OF ACTIVITY: Camp for prayer, reflection, games, conversation

DATE AND TIME OF ACTIVITY: July 29th-August 1st

TRANSPORTATION: Van (On Tuesday, July 31st, we will take a van(s) from the Seminary of Our Lady of Providence to the Mater Spei Camp in Chepachet, RI).

I would like my child/ward to participate in this diocesan-sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify Our Lady of Providence Seminary, the Office of Vocations, and the Roman Catholic Bishop of Providence against any claim, which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless Our Lady of Providence Seminary and the Roman Catholic Bishop of Providence against any claim or cause of action whatsoever brought against Our Lady of Providence Seminary, the Office of Vocations, and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Address

(H)_____(W)_____(C)_____
Phone Numbers

EMERGENCY MEDICAL TREATMENT: In the event of any 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 dietary /medical / personal information about your child/ward that may be pertinent to his/her participation in the above-identified activity: _____

*** Please submit this form together with the Quo Vadis Registration form and payment of \$25 to
Office of Vocations, 485 Mount Pleasant Avenue, Providence, RI 02908**