

Parent/Legal Guardian Indemnity Agreement

For Players with No Health Insurance

Child/ward: _____

Parish/School: _____

Activity: _____

Description of Activity: _____

Date(s) of Activity: _____

I would like my Child/Ward to participate in the above named ACTIVITY. As a parent or legal guardian, I agree to defend and fully indemnify the above named PARISH/SCHOOL against any claim which results from the intentional or negligent actions taken of my CHILD/WARD during the above named ACTIVITY.

I further agree to fully indemnify and hold harmless the PARISH/SCHOOL against any claim or cause of action whatsoever brought by my CHILD/WARD or his/her parent/legal guardian against the PARISH/SCHOOL which arose out of the above-identified ACTIVITY, regardless of whether such claim results from the negligence of the PARISH/SCHOOL, its employees or volunteers or the negligence of individuals or companies not a party to this agreement.

I understand that PARISH/SCHOOL and the Archdiocese of Milwaukee do not provide health or accident insurance coverage for my child/ward under any circumstances. I agree that I am solely responsible for any medical expenses that arise out of illness or accident of my CHILD/WARD while participating in the above-named ACTIVITY. I agree to hold harmless, indemnify and defend PARISH/SCHOOL and the Archdiocese of Milwaukee for my claim and the claim of my CHILD/WARD arising out of the procurement of medical treatment for my CHILD/WARD.

I certify that I have an understanding of this agreement and the 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 _____

Parent/Legal Guardian Signature _____

Date _____