

**PARENT / GUARDIAN
PERMISSION SLIP / MEDICAL AUTHORIZATION / INDEMNITY AGREEMENT**

SPONSOR OF ACTIVITY: Archdiocese of Santa Fe, Diocese of Las Cruces and Diocese of Gallup

ACTIVITY: Various Sanctity of Life Awareness and Unity Day Events (Teen Mass, Concert, Overnight, Walking Tour)

DATE (S) OF ACTIVITY: Wednesday January 21st to Thursday January 22, 2008

PLACE OF ACTIVITY: Downtown Santa Fe

The undersigned as parent or legal guardian of (print full name of youth) _____
does hereby give permission for the above named individual to attend the described activity.

As a condition of attending the described activity, I do hereby release the Roman Catholic Archdiocese of Santa Fe and all its affiliated parishes, schools and organizations, as well their officers, agents and employees, from any and all claims, demands, actions, or causes of to death, injury, or illness, in any way, arising from the above described activity, including, but not limited to transportation to and from the event.

I further agree that the financial responsibility for securing care, in case of injury resulting participation in the program, is a matter between the participant and his/her health care provider, that the Archdiocese of Santa Fe cannot pay health care providers for treatment of any injuries.

It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from program activities.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

Name of Physician: _____ Phone: _____

Signature: _____ Date: _____
(Parent/Guardian)

Phone: _____
Home Work Mobile