PARENT/LEGAL GUARDIAN INDEMNITY AGREEMENT

CHILD/WARD:	
PARTICIPANT ADDRESS:	
EMERGENCY CONTACT PHONE NUMBER:	
PARTICIPANT DATE OF BIRTH:	
PARISH / SCHOOL*: *Understood to include the Archdiocese of Milwaukee	
ACTIVITY: 175 Alive Celebration and 3-on-3 Basketball Games at Cathedral Square Park	
PARTICIPANT'S TEAM AFFILIATION & GRADE:	
DESCRIPTION OF ACTIVITY: 3-on-3 Basketball Gan	mes
DATE OF ACTIVITY: May 4, 2019	
I would like my CHILD/WARD to participate in the legal guardian, I agree to defend and fully indemnify (Understood to include the Archdiocese of Milwaukee) ag intentional or negligent actions taken of my CHILD/WAR	the above named PARISH/SCHOOL gainst any claim which results from the
I further agree to fully indemnify and hold harmle claim or cause of action whatsoever brought by my CHILD against the PARISH/SCHOOL which arose out of the above whether such claim results from the negligence of the volunteers or the negligence of individuals or companies in	/WARD or his/her parent/legal guardian ve-identified ACTIVITY, regardless of PARISH/SCHOOL, its employees or
I certify that I have an understanding of this agreem with the ACTIVITY described above that my CHILD/WA include, but are not limited to, injuries caused by slips, fall conditions of the basketball court / road surface, or the equactivity. I further understand that I had the opportunity representative of the PARISH to clarify any concerns of agreement that I may have had.	RD will be participating in. These may s, incidental contact with other players, aipment used by participants during the to fully discuss this agreement with a
Parent/Legal Guardian Signature	Date

Complete all information and return via email to Jenni Oliva at olivaj@archmil.org by Monday, April 29,2019. You may also mail complete forms to