Students of Christ Conference 2026

Fri. March 13, 2026 – Miller High Life Theatre; Milwaukee, WI

Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____

Parish / School / Group: _____

Designated Supervisor of Activity: _____

I consent to the participation of my child/ward in the Students of Christ Conference. In consideration for my child/ward's participation, I agree to reimburse and indemnify Students of Christ and it's agent Men of Christ, for all reasonable legal and court fees incurred by the Wisconsin Center District or Men of Christ in defending a lawsuit that I or my child/ward may bring against the Wisconsin Center District or Men of Christ, which relates to the Students of Christ Conference, if the Wisconsin Center District and Men of Christ are found not legally liable by the courts and prevails in the lawsuit. If the Wisconsin Center District or Men of Christ are found legally liable for injuries sustained by child/ward, this paragraph will not apply.

Please note that the Students of Christ Conference will be video recorded and photographed. Any videotape, photograph, slide, audiotape, or any other visual or audio reproduction taken throughout the day will be used for promotion of the Students of Christ Conference. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff and volunteers of the Students of Christ Conference and Men of Christ from any liability connected with the use of my child's picture, video or voice recording as part of any of the above or similar activities.

I certify that I understand 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 had the opportunity to fully discuss this agreement with the Students of Christ Conference team and/or a representative of Men of Christ to clarify any concerns or questions about the activity or this agreement that I may have had.

_____ _____

Parent / Legal Guarding Signature Date

_____ _____ / _____

Address Home phone / Cell phone

Email Address: _____

EMERGENCY MEDICAL TREATMENT: 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. **In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

Name: _____

Phone Number: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity. Include any medications and dosage pertinent to your child/ward: _____

_____

_____

_____

Parents, please return this completed form to your school or parish group leader.

Group Leaders, please collect all forms and submit electronically to studentsofchristwi@gmail.com as one full batch by March 10th at the latest!