

CERTIFICATION OF MEDICAL INSURANCE AND
INDEMNITY AGREEMENT

The undersigned, the parent(s) or legal guardian(s) of _____
("Student"), a minor, do hereby certify to Sts. Peter & Paul Elementary School ("Parish
School"), Sts. Peter & Paul Parish ("Parish"), and the Diocese of Belleville (the "Diocese"), that
"Student" is insured under a comprehensive accident and health insurance plan and agree to
maintain such insurance coverage during the period "Student" is enrolled at "Parish School"
unless, prior to or at the time of the expiration of such coverage, "Student" is enrolled in the
student insurance plan of UNION LABOR LIFE INSURANCE COMPANY (the "Student
Insurance Plan").

For and in consideration of not being required to enroll "Student" in the "Student Insurance
Plan", the undersigned hereby forever release and discharge "Parish School", "Parish", "the
Diocese" and their respective directors, officers, employees and agents and, any and all priests of
the Diocese (the "Indemnified Parties"), from any and all actions, claims, demands, damages,
liabilities, rights of action, or causes of action, present or future, whether the same be known,
anticipated or unanticipated, resulting from or arising out of or in connection with "Student's"
involvement or participation in any "Parish School" or "Parish" sponsored athletic program.

The undersigned further agrees that they will not hold any of the Indemnified Parties liable for
any doctors' fees, hospital charges or any other medical costs or expenses arising out of or
incurred as a result of or in connection with "Student's" involvement or participation in any
"Parish School" or "Parish" sponsored athletic program.

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_____ This child is covered under a medical insurance policy or health care plan, specifically:

Name of Insurer or Plan _____

Policy or Group Number _____

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_____ I/We agree to obtain Student Accident Insurance which is offered through the School.

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Dated this _____ day of _____, 2010.

Parent or Legal Guardian

Print Name