

Archdiocese of Galveston-Houston / Office of Youth Ministry
Parish/School: _____

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name _____ Date of Birth _____
Home Address _____
City _____ Zip Code _____
Parent(s)/Guardian(s) _____
Home Phone (____) _____
Alternate Phone Number: (____) _____ Cell Phone Pager
Parish or Catholic School _____ Grade _____ Age _____ Sex _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission
for my child, (participant's name) _____, to participate in
(event) _____ to be held
(date) _____, (time) _____, and (location) _____.

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my
child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Galveston-
Houston, the sponsoring parish (its pastor, youth minister, principal, other agents, etc.) or any representatives associated
with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian) **Date**

Signature (Participant 18 years of age or older must sign own consent) **Date**

PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give
permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power
point, etc.) in highlighting the event.

Signature (Parent/Guardian) **Date**