

Archdiocese of Galveston-Houston Office of Adolescent Ministry and Evangelization

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Home Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_
Parent(s)/Guardian(s) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
Alternate Phone Number: ( ) \_\_\_\_\_ Cell Phone or Work
Parish or Catholic School St. Bartholomew the Apostle Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_
Participant's Email Address \_\_\_\_\_

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) Priest vs. Seminarian to be held (date) Friday, April 21
(time) at 7pm CST at (location) Strake Jesuit College Preparatory
Basketball/Vocations Event

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs,
successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its
pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all
injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity
(see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that
there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) \_\_\_\_\_ Date \_\_\_\_\_

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (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, video
etc.) in highlighting the event.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_