

**St. Matthias the Apostle Catholic Church**  
**Parental / Guardian Consent & Liability Waiver Form**  
*for Participants Under Age 18*

**Participant**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Parent / Guardian**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Activity**

Activity Description: 2018 Summer Youth Nights

Activity Date(s): Tuesday Nights from June 12<sup>th</sup> – August 14<sup>th</sup>, 2018

I, (print name of parent / guardian) \_\_\_\_\_, grant permission for my child, (print participants name) \_\_\_\_\_, to participate in the above activity to be held on the above date(s).

I agree on behalf of myself, my child's other parent if known or living, (name of other parent) \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns to hold harmless and defend the Archdiocese of Galveston-Houston, St. Matthias the Apostle Catholic Church, its pastor, employees, ministry leaders, other agents, etc., or any representatives associated with the above activity.

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 below, I agree to abide by any / all policies and rules established for this event / activity. 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*