

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 12th – August 14th, 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