



## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

\_\_\_\_\_  
 PARTICIPANT'S NAME

\_\_\_\_\_  
 BIRTH DATE

\_\_\_\_\_  
 GENDER

\_\_\_\_\_  
 PARENT/GUARDIAN NAME

\_\_\_\_\_  
 PHONE

\_\_\_\_\_  
 ALTERNATE PHONE

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY

\_\_\_\_\_  
 STATE

\_\_\_\_\_  
 ZIP

I, (name) \_\_\_\_\_ grant permission for my child, (name) \_\_\_\_\_  
 to participate in this event. This activity will take place under the guidance and direction of parish/school  
 employees and/or volunteers from (name of parish/school) \_\_\_\_\_.

A brief description of the activity follows: \_\_\_\_\_

TYPE OF EVENT

\_\_\_\_\_  
 INDIVIDUAL IN CHARGE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TIME

\_\_\_\_\_  
 IF OFFSITE: DESTINATION

\_\_\_\_\_  
 MODE OF TRANSPORTATION TO AND FROM THE EVENT

\_\_\_\_\_  
 ESTIMATED TIME OF DEPARTURE

\_\_\_\_\_  
 ESTIMATED TIME OF RETURN

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish/school) \_\_\_\_\_, its officers, directors, employees and agents, and the Diocese of Fort Wayne- South Bend, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Fort Wayne-South Bend, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE