

**Diocese of Galveston-Houston
Office of Youth Ministry**

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name _____ Date of Birth _____
Home Address _____ City _____ Zip Code _____
Parent/Guardian _____ Home Phone (____) _____
Alternate Phone Number: (____) _____ Cell Phone _____ Pager _____
Parish _____ 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 Diocese of
Galveston-Houston, the sponsoring parish (its pastor, youth minister, 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