

**PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

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

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

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in Confirmation Retreat that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of employees and/or volunteers from St. Jane de Chantal Parish. A brief description of the activity follows:

**EVENT INFORMATION**

**Event:** Confirmation Retreat

**Location(s):** St. Michael Mission, Bush

**Individual(s) in charge:** Mrs. Christina Uhlich and Mr. Joe Soto

**Duration of activity:** Saturday, October 1 from 9 am to 5 pm

**Mode of transportation to and from event:** none provided

As parent and/or legal guardian, I remain legally responsible for any actions of the above-named minor ("participant"). I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the **CYO/Youth & Young Adult Ministry Office, the parish and/or school** and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with the negligent or intentional acts of my child or third parties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_