

Diocese of Corpus Christi/ Office of Youth Ministry

Parish/School: Teens Encounter Church & Christ

August 6, 7th & 8th 2010

**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL
CONSENT**

Participant's Name _____ Date of Birth _____

Home Address _____

City _____ Zip Code _____

Parent(s)/Guardian(s) _____

Home Phone (____) _____

Alternate Phone Number: (____) _____ Cell Phone _____ Pager _____

Parish or Catholic School _____ 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) TEENS ENCOUNTER CHURCH & CHRIST to be held.

(Date) August 6, 7th & 8th 2010 (time) 6:30pm Friday to 3:30 Sunday, and (location) 1200 Lantana in
Corpus Christ @ the Queen of Peace Retreat Center.

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 Corpus Christi, the sponsoring
parish (its pastor, youth minister, principal, 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/VIDEOGRAPHY 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,
video, etc.**) in highlighting the event.

Signature (Parent/Guardian) _____ **Date** _____