

Diocese of Corpus Christi/ Office of Youth Ministry

Parish/School: Our Lady of Guadalupe Parish
Lock In

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

Participant's Name _____ Date of Birth _____

Home Address _____

City _____ Zip Code _____

Parent(s)/Guardian(s) _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email Address: _____

Parish or Catholic School _____ Grade _____ Age _____ Sex _____

**PARTICIPATION CONSENT, LIABILITY WAIVER &
PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

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 _____ to be held _____

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 release and 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 from all damages, claims, suits, expenses and payments for
injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the
negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees.

**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

Signature (Participant 18 years of age or older must sign own consent)

Date

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