

**Diocese of Galveston-Houston**  
**Most Holy Trinity Parish**  
Angleton, Tx.

**PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Alternate Phone Number: ( ) \_\_\_\_\_ cell:  pager:   
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, our heirs, or successors, and assigns, to hold  
harmless and defend the Diocese of Galveston-Houston, the sponsoring parish (its pastor, DRE,  
CRE, youth minister, other agents, etc.) or any representative 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) may 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 \_\_\_\_\_

Participation in this event requires that a current, completed Medical Consent form be on file in the parish's Faith Formation Office. Obtain forms from the parish office if needed.