

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