



PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name	Date of Birth
Home Address	City/Zip Code
Parent(s)/Guardian(s)	Cell Phone ()
Alternate Phone Number: ()	
Grade	<u></u>
Participant's Email Address	
I (name of parent/guardian)	grant permission for my child, (participant's name),
to participate in	(event)to be held (date)
(time) at (location)	
In consideration of my child's participation in this event, I a	gree on behalf of myself, my child named herein, and our heirs, successors,
and assigns to indemnify, hold harmless and defend the Ep	archy of Saint Maron of Brooklyn, the sponsoring parish, its pastor, youth
ministry leader, principal, other agents, employees or other r	representatives associated with the event from any and all injuries, losses or
claims arising out of my child's participation in the event.	
In signing this form, I certify that all information contained	ed herein is true and accurate to the best of my knowledge.
Signature (Parent/Guardian)	Date
YOUTH PARTICIPANT: In signing the line below I agree	e to abide by any/all policies and rules established for this event/activity
Should I not be able to maintain the guid	delines and expectations of the adults and my peers, I understand that there
will be consequences for my actions, including being remov	red from the activity and being sent home at my parent's expense.
Signature (Youth Participant)	Date
Significant (Total) Turnerpainty	Silv
VIDEO/PHOT	TOGRAPHY CONSENT
	and videos (individual and group) will be taken during this event. I give comotional materials (newsletter, web page, calendars, power point, video
Signature (Parent/Guardian)	 Date