



Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ DOB: ___/___/___

Parent/Guardian Name: _____

Home Address: _____

Email: _____

Home phone: _____ Emergency phone: _____

(Please circle)

Gender: **M** **F** Grade: **6** **7** **8** (2016-2017 school year)

I, _____, grant permission for my child,
Parent/Guardian name

_____ to participate in the Mercy Reigns event,
Child's name

This activity will take place under the guidance and direction of parish employees and volunteers from Holy Trinity Catholic Church.

The event information is as follows:

Date: July 11-July 25th Monday night's 7-8:30PM

(Drop off and pick up at Holy Trinity Catholic Church, Faith Formation Building Gathering Area)

Type of Event: Summer Series

Place: Holy Trinity Catholic Church Tyler Peltier Gathering area San Antonio, Texas

Cost: FREE

Event phone contact: Caitlyn DeWitt and Renee Kuntz

Telephone number: (210) 497-4145 ext.333

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend Holy Trinity Catholic Church, its officers, directors, and agents, and the Archdiocese of San Antonio from any and all liability for illness, injury or death arising from or in connection with my child's attending the above named event and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of San Antonio, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent or Guardian

Date