



*Diocese of Laredo - Office of Youth Ministry
 St. Patrick Life Teen, St. Patrick Parish, Laredo
 Service Project – 2016 Christmas Mission Work
 Dec 27th – 30th - 9am to 1:30pm*

Parental/Guardian Consent, Liability Waiver and Medical Consent

Participant's Name _____

Birth date _____ Sex _____ Age _____ Grade _____

Participant's Home Address _____

City _____ State _____

Parish _____ City _____

Parent/Guardian _____

Home Phone _____ Business Phone _____ Cell Phone _____

Consent & Liability Waiver

I, _____ grant permission for my child,
Parent or Guardian

_____ to be taken from St. Patrick _____
 to VSTN, Habitat for Humanity location, Transportation will be by privately owned vehicles.
 Persons in charge are Gwen Garza.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the **DIOCESE OF LAREDO**, the sponsoring Parish (its pastor, youth minister, and other agents, etc.) or any representative associated with the scheduled activity or in connection with any illness or injury (including death) or cost of medical treatment and I agree to compensate the **DIOCESE OF LAREDO**, the sponsoring Parish (its pastor, youth minister, and other agents, etc.) or any representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age)

Date