

# St. Peter Parish Confirmation Preparation

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M or F

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish activity. This activity will take place under the guidance and direction of employees and/or volunteers from St. Peter Parish. A brief description of the activity follows:

### **Type of event: Confirmation Preparation Sessions**

Location(s): St. Peter Catholic Church (St. Mary's Hall/Youth House) Covington, LA

Individual in charge: Penny Flores/ Rafi Flores

Duration of activity: September 2019 - October 2020

Mode of transportation to and from event: Provided by participant/family

### **Type of event: Apostolic Service Projects**

Location(s): Various locations around Covington, LA

Individual in charge: Penny Flores/ Rafi Flores

Duration of activity: September 2019 - October 2020

Mode of transportation to and from event: Provided by participant/family

### **Type of event: Confirmation Retreat**

Location(s): TBD

Individual in charge: Penny Flores/ Rafi Flores

Duration of activity: TBD

Mode of transportation to and from event: Provided by participant/family

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, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Parish, its officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of New Orleans, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_