

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER EVENT NAME

Participant's name:		
Birth date:		Sex:
Home address:		
		Cell
(Parent or guardian's name) to participate in this parish event site. This activity will take plac volunteers from ST. JAMES	that requires transporte under guidance a	
A brief description of the activity	follows:	
Type of event/activity: Destination of event: Mater D Individual in charge: Estimated time of departure: Estimated time of return: Satu Mode of transportation to and	ei, 1615 Mater Dei E Evangely Aliang Saturday April 2' urday April 27, 2019	Or, Chula Vista, CA 91913 an Ward 7, 2019-9am St James -7pm St James
As parent and/or legal guardian, I the above named minor ("particip		nsible for any personal actions taken by
and assigns, to hold harmless and directors, and the Diocese of San associated with the event, from a the event or in connection with an in connection therewith. I agree to Diocese of San Diego, its employe the event for reasonable attorney's	defend, ST. JAMES Diego, its employee ny claim arising from y illness or injury (in compensate the paris ses and agents and cha s fees and expenses w	our heirs, successors, employees and agents, S. CATHOLIC COMMUNITY, its officers, is and agents, chaperons, or representatives in or in connection with my child attending cluding death) or cost of medical treatment is, its officers, directors and agents, and the aperones, or representatives associated with which may be incurred in any action brought is such claim arises from the negligence of
Signature:		Date:
T-shirt size of youth attending:	S M L	XL