

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER EVENT NAME

Participant's name:			
Birth date: Sex:			
Parent/Guardian's name:			_
Home address:			
Home phone: ()	Bus	Cell	
I,(Parent or guardian's name to participate in this parish even site. This activity will take pla volunteers fromST. JAME (Name of the state of th	e) It that requires trans ace under guidance	portation to a location and direction of pari	(Child's Name) away from the parish
A brief description of the activity	y follows:		
Type of event/activity: Destination of event:University Individual in charge: Estimated time of departure: Estimated time of return: Su Mode of transportation to and	ersity of San Diego, Evangely Alian Friday, July 26 nday July 28, 2019- d from event:	5998 Alcala Park, Sangan Ward , 2019 -4pm USD Ipm USD Drop off at event site	
the above named minor ("partici		onside for any person	ar actions taited by
I agree on behalf of myself, my cl and assigns, to hold harmless an directors, and the Diocese of Sar associated with the event, from a the event or in connection with a in connection therewith. I agree t Diocese of San Diego, its employ the event for reasonable attorney against them as a result of such i the parish/diocese.	d defend, ST. JAMI n Diego, its employer any claim arising from ny illness or injury (o compensate the parees and agents and controls of the control of the contro	es and agents, chaperd om or in connection with including death) or costrish, its officers, directed haperones, or representation which may be incurred	MUNITY, its officers, ons, or representatives ith my child attending t of medical treatment ors and agents, and the tatives associated with I in any action brought
Signature:		Date:	
T-shirt size of youth attending:	S M	L XL	