

Diocese of Little Rock / Office of Catholic Youth Ministries

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ Cell Phone Pager Work

Parish: _____ Grade _____ Age _____ Sex: M/F

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) _____, grant permission
for my child, (participant's name) _____, to participate in
(event) _____, to be held
(date) _____, (time) _____ and (location) _____.

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____.
My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of
Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives
associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian)

Date

Signature
(Participant 18 years of age or older must sign own consent)

Date