St. Matthias the Apostle Catholic Church Parental / Guardian Consent & Liability Waiver Form

for Participants Under Age 18

Participant			
Name:			
Birth Date:			
Home Address:			
City, State, Zip:			
Parent / Guardian			
Name:			_
Relationship to Particip	pant:		_
Home Phone:			_
Cell Phone:			_
Activity			
Activity Description:	Chartered Bus Ride Mag	gnolia to Austin -Texas Ra	ally for Life
Activity Date(s):	Saturday January 25, 2	2020	
I, (print name of parent	/ guardian)	, grant perm	ission for my child, (print
participants name) above date(s).		, to participate in the above a	activity to be held on the
Lagree on hehalf of my	self, my child's other parent if kno	wn or living (name of other narer	nt)
my child named herein, Houston, St. Matthias th	or our heirs, successors, and assigned he Apostle Catholic Church, its pasted with the above activity.	gns to hold harmless and defend t	he Archdiocese of Galveston-
In signing this form I cer	rtify that all information contained	d herein is true and accurate to the	e best of my knowledge.
Signature (Parent/Guardian)		 Date	
Should I not be able to	n signing below, I agree to abide b maintain the guidelines and expec y actions, including being removed	tations of the adults and my peers	s, I understand that there will
	nnt)	 Date	