

SAMPLE

**Parish/School _____
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

I, (Name of Parent or Guardian) _____ grant permission for my child _____
_____ to participant in the _____ and all the events surrounding the
activities, including the travel to and from _____. I agree on
behalf of myself, my child's other parent if known or living, (Name of
parent) _____
my child herein named, or our heirs, successors, and assigns, to hold harmless and defend the
(Parish/School) _____, organizers of the event, Diocese of Lafayette, its
Bishop and their successors, and the Church Parishes, chaperons, or representatives associated
with the Diocese of Lafayette with respect to any and all actions, claims, or demands that may be
made or brought against them, arising from or in connection with any injury or illness arising from
attendance at or traveling to or from the events.

I understand that my child will be under the supervision of the adults in the Parish/School the
event is held.

I (we) authorize an adult in whose care the minor has been entrusted, to consent to any X-ray
examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to
be rendered to the minor under the general or special supervision and on the advice of any
physician or dentist licensed under the provisions of the Medical Practice Act, on the medical staff
of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said
physician, or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection
with such medical and dental services rendered to the aforementioned child pursuant to the
authorization.

Should it be necessary for our (my) child to return home due to medical reasons or for infractions
of the conduct codes, the undersigned shall assume all transportation responsibilities.

DATE: _____

Father (Guardian)

DATE: _____

Mother (Guardian)