PARENTAL/GUA	ARDIAN CONSENT FORM AND LIA	BILITY WAIVER
Participant's name		
Birth date:	Sex	
Parent/Guardian's name:		
Home address	City	Zip
Home phone:	Business phone:	Ζιρ
l,,	grant permission for my youth,	Youth's name
to participate in this Archdiocesan	nyouth ministry event that is located under the guidance and direction of A from parishes/schools.	away from the parish/school
Name of Event: YDisciple		
Purpose of Event: Grow in rela	tionship with Christ through small	l group format
Location: group leaders' homes group events	s, small group outing destinations	, and meeting rooms for large
Date and Time of event: ongoing	g	
Transportation: Individual Res	ponsibility	
As parent and/or guardian, I rema named minor ("participant").	in legally responsible for any person	al actions taken by the above
l agree on behalf of myself, my ch harmless and defendName of sponso	ild named herein, or heirs, successo , its officers, directo	rs, and assigns, to hold ors and agents, and the
Archdiocese of Omaha, chaperon connection with my child attending medical treatment in connection the directors and agents, and the Archithe event for reasonable attorney's	nes, or representatives associated wing the event or in connection with any nerewith and I agree to compensate the indiocese of Omaha, chaperones, or its fees and expenses which may incuted amage, unless such claim arises from	ith the event arising from or in illness or injury or cost of the parish/school, its officers, representatives associated with ir in any action brought against
Signature:	Date:	

Photo Release: Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Parish Coordinator of Youth Ministry in writing to the contrary.