

Catholic Archdiocese of Atlanta  
(Holy Trinity Life Teen)

Event this form is for: \_\_\_\_\_  
Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant: \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Home phone #: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Participant's Social Security Number: \_\_\_\_\_ (Required for treatment in most Hospitals.)

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event:

*Dates:*

Destination of Event:

Individual in Charge:

Estimated time of Departure and Return:

Mode of transportation to and from event:

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this **PARISH** (listed above), its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note: This form is only good if an annual release form has been filled out.