



Christ the King Retreat Center Parental/Guardian Permission and Liability Waiver

Participants Name: _____
Date of Birth: _____ Sex: _____
Parent/Guardian's Name: _____
Home Address: _____
Contact Number 1: _____ Contact Number 2: _____

I, _____, grant permission for my son/daughter
Parent/Guardian Name
_____, to participate in this parish event that requires transportation to
Child's Name
a location away from the parish site. This activity will take place under the guidance and direction of
parish employees and or volunteers from _____.
Parish Name

A brief description of the activity follows:

Type of Event: Confirmation Retreat
Date(s) of Event: _____
Emergency Telephone Number: 325-651-5352
Destination: Christ the King Retreat Center
Individual in Charge from Parish: _____
Estimated time of Departure: _____ Estimated time of Return _____
Mode of Transportation to and from Event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend _____
Parish Name

Its officers, directors, agents and the Diocese of San Angelo from any liability for illness, injury or death arising from or in connection with my son/daughter attending the above named event, and I agree to compensate the parish, it's officers, directors, and agents and the Diocese of San Angelo, or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

If son/daughter needs to be sent home for medical or disciplinary reasons, parent/guardian will be responsible for expenses.

Signature: _____ Date: _____

