

**Form due by: MONDAY, FEBRUARY 12, 2018**  
**Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Food Allergies: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

*(Please circle)*

Gender: **M**   **F**   Grade: **6 only** (2017-2018 school year)   T-Shirt: **YL (Adult)**   **S**   **M**   **L**   **XL**

I, \_\_\_\_\_, grant permission for my child,  
Parent/Guardian name

\_\_\_\_\_ to participate in the Middle School Retreat;  
Child's name

This will be at Eagle's Wings Retreat Center and will include transportation to and from Holy Trinity. This activity will take place under the guidance and direction of parish employees and volunteers from Holy Trinity Catholic Church.

The event information is as follows:

Date: **February 23-24, 2018**

Type of Event: **6<sup>th</sup> Grade Lock-In**

Place: **Holy Trinity Faith Formation Building**

Cost: **\$10**

Event phone contact: **Cristina Hodde**

Telephone number: **(210) 497-4145**

Time of event: **6:00pm-8:00am**



**As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend Holy Trinity Catholic Church, its officers, directors, and agents, and the Archdiocese of San Antonio from any and all liability for illness, injury or death arising from or in connection with my child's attending the above named event and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of San Antonio, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date