

The Church of the Most Holy Trinity
811 Telfair Street
Augusta, Ga. 30901
722-4944 ext 315

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birthdate: _____ Sex: Male Female Home Phone: _____

Parent/Guardian Name: _____

Home Address: _____

Business Phone: _____ Cell Phone: _____

Emergency Name & Phone: _____

I, _____, grant permission for my child, _____, to participate in the church event that requires transportation to a location away from the Church site. This activity will take place under the guidance and direction of Church employees and/or volunteers from The Church of the Most Holy Trinity.

A brief description of the activity follows:

Date of event:

Type of event:

Individual in charge:

Estimated time of departure and return:

Mode of transportation to and from event:

As parent and/or legal guardian legally responsible for any personal actions taken by the above named minor (participant")

I agree on behalf of myself, my child name herein, or our heirs, successors, and assigns to hold harmless and defend The Church of the Most Holy Trinity, its officers, directors, employees and agents, chaperons, or representative associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury, (including death) or cost of medical treatment in connection therewith, and I agree to compensate the church, it officers, directors and agents, and the Dioceses of Savannah, it employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Church/diocese.

Signature: _____ Date: _____