

MY BROTHER'S KEEPER MINISTRY

Catholic Archdiocese of Atlanta

Catholic Church of St. Ann's

Parental/Guardian Consent Form and Liability Waiver

Event/Activity: _____ Date _____

Place: _____ Time: _____

My Brother's Keeper Volunteer: _____

Additional adult attending: _____

Name of Participant _____

Sex _____ Date of Birth _____ Age _____

Parent/Guardian's Name _____

Address: _____

Home phone# _____ Parent's work # _____

Parent's cell # _____ Parent's email _____

***All teens MUST have a current Medical Release Form on file before**

Participating in off-site events.

I, _____, grant permission for my child,
_____ to participate in this My Brother's Keeper

Activity/event that requires transportation to a location away from the parish site.

**This activity/event will take place under the guidance and direction of at least two adults,
one from My Brother's Keeper and a volunteer from the parish, or the child's parent.**

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 directors and agents and the ARCHDIOCESE OF ATLANTA, chaperones or volunteers associated with the activity/event arising from or connected with any illness, injury, or medical cost of treatment in connection with my child attending this event/activity.

Signature of Parent/Guardian _____ Date _____