



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

This form should be filled out for each participant and sponsor.

Description of Activity/Event: Confirmation Retreat

Date(s): \_\_\_\_\_

Type of Event: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Destination: Christ the King Retreat Center, 802 Ford Street, San Angelo, TX

Individual in Charge from Parish: \_\_\_\_\_

Estimated time of Departure: \_\_\_\_\_ Estimated time of Return \_\_\_\_\_

## Participant Information & Permission to Participate:

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

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

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

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Name), grant permission for my son/daughter \_\_\_\_\_ (Child's Name), 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 \_\_\_\_\_ (Parish Name), and Christ the King Retreat Center.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Hold Harmless Agreement:

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend \_\_\_\_\_ (Parish Name), along with the Diocese of San Angelo and Christ the King Retreat Center.

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.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I further agree that should my son/daughter need to be sent home for medical or disciplinary reasons, I, (parent/guardian) will be responsible for expenses.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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## Permission to be photographed:

I give my permission for my child, \_\_\_\_\_, to be photographed at this event and understand that the photographs may be used for publicity, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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