

# Parental/Guardian Consent Form and Liability Waiver

## -- HOLY ROSARY ACTS --

### St. Rose of Lima Catholic Church, Schulenburg Teen ACTS Retreat

Minor Participant's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of adults from the Victoria Diocese. A brief description of the activity follows:

- **Type of event:** Teen ACTS Retreat
- **Date of event:** June 26-29, 2025
- **Cost:** \$125.00 (\$25.00 registration fee will be credited to the retreat fee.)
- **Destination of event:** Cathedral Oaks Retreat Center
- **Individual in charge:** Kevin Fishbeck
- **Estimated time of departure:** 5:30
- **Estimated time of return:** 10:00am (Mass at St. Rose, Schulenburg)
- **Mode of transportation to and from event:** School Bus
- **Activities:** Interaction with youth and adults concerning religious, spiritual, moral and social issues; prayer and scripture sharing.

**As the 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 St. Rose of Lima Catholic Church, its officers directors, and agents, and the Diocese of Victoria from any and all liability for illness, injury or death arising from or in connection with my child attending the above named event and I agree to compensate the parish, its officers, directors and agents and the Diocese of Victoria, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_