



**CtR GENESIS ECP  
PARENTAL/GUARDIAN CONSENT FORM  
AND LIABILITY WAIVER**

LWF - 3

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M  F

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

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

Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

I grant permission for my child, \_\_\_\_\_, to participate in the CtR Genesis ECP from September 6, 2016 to May 26, 2017. This activity will take place under the guidance and direction of the CtR Genesis Staff and Christ the Redeemer Catholic Church of the Archdiocese of Galveston-Houston. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns hold harmless and defend Christ the Redeemer, its employees, and volunteers arising from or in connection with my child attending the event or in connection with any illness or injury.

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

As parent/guardian, I understand that pictures (individual and group) will be taken during the school year which may include my son/daughter, as well as other family members attending school events. I give permission for these pictures to be used for:

Genesis Early Childhood Program class projects and displays.  YES  NO

Christ the Redeemer web site, promotions and bulletins.  YES  NO

Christ the Redeemer social media, ex. Facebook, Twitter and Instagram.  YES  NO

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