ARCHDIOCESE OF NEW ORLEANS

PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name: _____

Parish/School Participating With: St. Benilde Parish CYO

Birth Date: _____ Sex: _____

Parent's/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I, _____ (Parent/Guardian name), grant permission for my child, _____, to participate in the parish event that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of employees and/or volunteers from St. Benilde Parish. A brief description of the activity follows:

Type of Event: NOLA Catholic Youth Conference

Location(s): Jesuit High School, 4133 Banks St., New Orleans, 70119

Individual In Charge: Alexandra Walters, Director of Youth Ministry

Duration of Activity: September 26, 2026 8:30AM - 5:30PM, Conference 9AM - 5PM

Mode of Transportation to and from Event: BUS

As parent and/or legal guardian, I remain legally responsible for any actions of the above - named minor ("participant").

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I have submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend St. Benilde Parish, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with the negligent or intentional acts of my child or third parties.

Parent/Guardian Signature: _____ Date: _____