

ST. PIUS X YOUTH MINISTRY

PARENT/GUARDIAN CONSENT & LIABILITY WAIVER

5620 Gollihar Rd. Corpus Christi, TX • (361) 993-4053 • blutz@stpiusxcc.org

Life Teen Inspiration Six Flags 2025

(Name of Event)

Participant's Last Name _____ First Name _____ Date of Birth _____

Address (Address/City/Zip) _____

Home Phone _____ Alternate Phone _____

Grade _____ Age _____ Sex _____ School _____ Shirt Size _____

Father's Name _____ Phone Number _____

Mother's Name _____ Phone Number _____

CONSENT & LIABILITY WAIVER

(To be filled out by Parent/Guardian of youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by individual.)

I (Parent/Guardian name) _____, grant permission for my child,

(Participant's name) _____, to participate in _____ Life Teen Inspiration Six Flags 2025

to be held (Place of Event) _____ Six Flags Fiesta Texas

on (date) _____ 11/8/25 @ 7:00am to 11/8/25 @ 11:30pm

I agree on behalf of myself, my child's other parent if known or living (Name of Parent) _____,
my child named herein, our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi,
St. Pius X Catholic Church (its pastors, youth minister, principal, other agents, etc.) or any representatives associated with the
scheduled activity from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all
damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Corpus Christi, St. Pius X Catholic
Church, and/or their officers, directors and employees.

Signature (Parent/Guardian)

Date

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

As parent/guardian, I understand that photos and video (individual and group) will be taken during this event, and I give
permission for my son's/daughter's picture to be used for printed or online promotional materials.

Signature (Parent/Guardian)

Date

Please complete the MEDICAL sections on the reverse side.

MEDICAL INFORMATION

Participant has had an episode of the following or has been diagnosed: Seizures ☐ Asthma ☐ Diabetes ☐

Immunizations are up to date: Yes ☐ No ☐ Date of last tetanus/diphtheria immunization _____

Has a medically prescribed diet? _____

Doctor's Name: _____ Phone Number: _____

Insurance Co. Name: _____ Medical Insurance Id #: _____

Cardholder's Name: _____ Group Number: _____

Participant's **allergies**, if any, including medication and foods: _____

Participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Participant's other physical restriction (if any): _____

Other Notes: _____

In case of emergency, whom should we contact if we are unable to reach a parent/guardian?

Name _____ Relationship: _____ Contact Number: _____

Name _____ Relationship: _____ Contact Number: _____

MEDICAL CONSENT

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of this participant.

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s) _____ Administer/Dosage _____

Of the following statements pertaining to medical matters, initial only those in accordance with your wishes:

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life threatening and emergency treatment is required.

_____ I hereby **GRANT PERMISSION** for nonprescription medication (Tylenol, throat lozenges, cough syrup, etc.) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter.

I fully understand the foregoing statements and sign this Parent/Guardian Consent & Liability Waiver knowingly, freely and willingly.

Participant Name (please print)

Signature (Parent/Guardian)

Date