



Diocese of San Jose

RISK & INSURANCE MANAGEMENT

Student Activity Waiver Form

General Liability

Parish/School Information

Location Name: Private residence Location #:

Location Address: 210 Seabright Ave. Santa Cruz Telephone: m. 408 718-6598

Contact Name: Sherry Scott Facsimile:

NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND COPY FILED
 WHEN A STUDENT PARTICIPATES IN AN ACTIVITY SPONSORED BY THE SCHOOL OR PARISH.
 REFER ANY QUESTIONS TO RISK & INSURANCE MANAGEMENT TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0271.

Student Personal Information

Student Name: _____ Telephone: _____

Home Address: _____

Supervisor Name: _____ Telephone: _____

Medical Plan Name: _____ Policy Number: _____

Medical Plan Address: _____ Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Activity Information

Date of Activity: Feb 10-11, 2012 Name of Activity: Confirmation Overnight Retreat

Description of Activity: reflective retreat with group activities, silent reflection, prayer and Mass.

Waiver Authorization

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.

I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE.

I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.

IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.

I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.

Parent Signature: _____ Date Signed: _____

Internal Use Only

Waiver Received By: _____ Date Received: _____