



Diocese of San Jose Student Activity Waiver Form

General Liability

PARISH/SCHOOL INFORMATION

Location Name: St Lucy's Parish

Location #:

Location Address: 2350 S Winchester Blvd.

Telephone: 408-379-5900

Contact Name:

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:

Apt #:

Medical Plan Name:

Policy Number:

Medical Plan Address:

Telephone:

Emergency Contact Name:

Telephone:

Emergency Contact Name:

Telephone:

ACTIVITY INFORMATION

Date of Activity: **Monday, 6/29/15 through Friday, 7/3/15**

Name of Activity: **St Lucy Everest Summer Vacation Bible Camp!**

Description of Activity: **Children, guided by Crew & Station Leaders, will experience music, games, dancing, Bible stories and song.**

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:

PHOTO RELEASE CONSENT

*OCCASIONALLY PICTURES ARE TAKEN OF YOUTH MINISTRY EVENTS AND GATHERINGS. WE WOULD LIKE TO BE ABLE TO USE THESE PHOTOGRAPHS FOR NEWSLETTERS, FLYERS, AND THE DIOCESAN YOUTH MINISTRY WEB SITE. WE **WILL NOT USE ANY LAST NAMES** IF POSTED. CONCERNS ABOUT PUBLISHED PICTURES SHOULD BE EXPRESSED TO WRITER/ WEBMASTER AND WILL BE PROMPTLY DEALT WITH. I/WE THE PARENT(S) OF THIS STUDENT, AUTHORIZE AND GIVE FULL CONSENT, WITHOUT LIMITATION OR RESERVATION, THE DIOCESE OF SAN JOSE, TO PUBLISH ANY PHOTOGRAPHS IN WHICH THE ABOVE NAMED STUDENT APPEARS WHILE PARTICIPATING IN ANY PROGRAM WITH DIOCESE OF SAN JOSE YOUTH RALLY. NO COMPENSATION IS TO BE GIVEN.*

Parent's Signature :

Date Received:

INTERNAL USE ONLY

Waiver Received By:

Date Received: