



Diocese of
San Jose

Loss Control & Prevention

Participant Activity Waiver Form

General Liability

Parish/School Information	
Location Name: Santa Teresa Parish	Location #: 234
Location Address: 794 Calero Avenue, San Jose, CA 95123	Telephone: 408-629-7777
Contact Name: Donna Ingoglia, Office Manager	Facsimile: 408-629-5260
<p><i>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND COPY FILED WHEN A ONE PARTICIPATES IN AN ACTIVITY SPONSORED BY THE SCHOOL OR PARISH.</i></p> <p><i>REFER ANY QUESTIONS TO THE LOSS CONTROL & PREVENTION TELEPHONE: 408.983.0237 / FAX: 408.983.0296 / LAVOUN@DSJ.ORG</i></p>	
Participants Personal Information	
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: 07/01/2017-06/30/2018	Name of Activity: All Parish Events & Activities
Description of Activity: Events & Activities at Santa Teresa Parish for the Fiscal Year – 7/1/17 – 6/30/18	
Waiver Authorization	
<i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i>	
<p><i>I HOLD THE <u>PARISH/SCHOOL</u> AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I / 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 <u>PARISH/SCHOOL</u> OR DIOCESE OF SAN JOSE.</i></p> <p><i>I ATTEST THAT I AM / MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</i></p> <p><i>IN THE EVENT I / 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 SUPERVISORIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.</i></p> <p><i>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME / MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</i></p>	
Parent Signature:	Date Signed:
Internal Use Only	
Waiver Received By:	Date Received:

Updated 2016