

**SANTA TERESA PARISH VACATION BIBLE CAMP**  
**July 30 to August 3, 2018**                      **9:00 a.m. to 12:30 p.m.**



*Diocese of San Jose* \_\_\_\_\_

**RISK & INSURANCE MANAGEMENT**

**Youth Volunteer Activity Waiver Form On-Site at Parish**

**General Liability**

<b>PARISH/SCHOOL INFORMATION</b>	
<b>Location Name:</b> Santa Teresa Catholic Church	<b>Location #</b> 234
<b>Location Address:</b> 794 Calero Avenue, San Jose, CA 95123	<b>Telephone:</b> 408-629-7777
<b>Contact Name:</b>	<b>Facsimile:</b> 408-629-5260
<p><i>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND COPY FILES WHEN A STUDENT PARTICIPATES IN AN ACTIVITY SPONSORED BY THE SCHOOL OR PARISH. REFER ANY QUESTIONS TO RISK &amp; INSURANCE MANAGEMENT TELEPHONE: 408-983-0250/FACSIMILE: 408-983-0271</i></p>	

<b>STUDENT PERSONAL INFORMATION</b>	
<b>Student Name:</b>	<b>Home Telephone:</b>
<b>Home Address:</b>	<b>Cell Telephone:</b>
<b>Print Parents Names:</b>	<b>Parent Cell Phone:</b>
<b>Email Address:</b>	
<b>Medical Plan Name:</b>	<b>Policy Number:</b>
<b>Medical Plan Address:</b>	<b>Telephone:</b>
<b>Emergency Contact Name:</b>	<b>Telephone:</b>
<b>Emergency Contact Name:</b>	<b>Telephone:</b>

<b>WAIVER AUTHORIZATION</b>	
<p align="center"><b>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER</b></p>	
<p>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.</p> <p>I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p>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.</p> <p>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</p> <p>Parent/Guardian Signature _____ Date _____</p>	
<b>Internal Use Only</b>	
<b>Waiver Received By:</b>	<b>Date Received:</b>