



Student Activity Waiver Form General Liability

Parish/School Information	
Location Name: Santa Teresa Catholic Church	Location #: 234
Location Address: 794 Calero Avenue, San Jose CA 95123	Telephone: 408-839-3163
Contact Name: Lynda DeManti	Facsimile: 408-629-5260
<p><i>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.</i></p>	

Student Personal Information	
Student Name:	Telephone:
Home Address:	
Print Parents Name	Parent Cell Phone#
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Any known Allergies(food or medication)	
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:

Activity Information	
Date of Activity: Nov. 10 and Nov. 17 2019	Name of Activity: Distribution of Flyers November 10 / Food Drive November 17
Description of Activity: Food Drive – Distribute flyers and collect food in the neighborhood	

Waiver Authorization	
<i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i>	
<p><i>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></p> <p><i>I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</i></p> <p><i>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></p> <p><i>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</i></p> <p><small>PHOTO RELEASE: I hereby give Santa Teresa Parish permission to use photographs taken during the event in all forms and media, and in all matters including composite representation for lawful purposes. No personal identifiers will be used. I waive my right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.</small></p> <p>I DO NOT GIVE PERMISSION FOR PHOTOGRAPH(S) OF MY CHILD(REN), TO BE USED _____</p>	
Parent Signature:	Date Signed:

Internal Use Only	
Waiver Received By:	Date Received: