SANTA TERESA PARISH VACATION BIBLE CAMP

July 24, 2023 to July 28, 2023 **9:00 a.m. to 12:30 p.m.**

ADULT VOLUNTEER REGISTRATION FORM

PARISH INFORMATION	
Location Name: Santa Teresa Catholic Church	**Location #** 234
Location Address: 794 Calero Avenue, San Jose, CA 95123	**Telephone:** 408-629-7777

PERSONAL INFORMATION	
Name:	**Home Telephone:**
Home Address:	**Cell Telephone:**
Email Address:	
Emergency Contact Name:	**Telephone:**
****** T-SHIRT SIZE: (Circle One) ADULT - SM MED LG X-LG 2-XL**	

MANDATORY SAFE ENVIRONMENT TRAINING	
San Jose Diocese requires that all Adult volunteers interacting with children must be **fingerprinted** and must complete the **"VIRTUS® Catholic Safe Environment Program"** class. The Office for the Protection of Children and Vulnerable Adults now offers the diocese ongoing safe environment training via e-learning. All adult volunteers must take or renew their safe environment training by logging onto www.shieldthevulnerable.org . This training can be done in the comfort of your home. **Please contact the Parish Office for more information (408-629-7777).**	
Date of Fingerprinting completed:	**Date of online class "Shield the Vulnerable":**
Signature:	**Date:**

Internal Use Only

Revised 02/03/2022

Diocese of San Jose

Insurance & Risk Management

Volunteer Activity Waiver Form

Appendix F

General Liability

Parish/School/Location Information	
Location Name: Santa Teresa Catholic Church	**Location #:** 234
Location Address: 794 Calero Avenue San Jose CA 95123	Telephone: 408-629-7777
Contact Name: Nicole Ruiz	Facsimile:

NOTICE TO ALL PARISH/SCHOOL ADMINSTRATORS – THE VOLUNTEER WAIVER MUST BE KEPT ON FILE AT THE PARISH/SCHOOL IN CASE OF AN EMERGENCY. IF AN INCIDENT DOES OCCUR PLEASE REPORT ALL INCIDENTS TO THE DIOCESAN INSURANCE AND RISK MANAGER, THERESA.LAVOUN@DSJ.ORG WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.

Volunteer Personal Information	
Volunteer Name:	Telephone:
Home Address:	Email:
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: 05/2023-07/2023	Name of Activity: Vacation Bible Camp
Description of Activity:	

Waiver Authorization

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

TO THE EXTENT PERMITTED BY LAW, I HOLD THE PARISH/SCHOOL 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 PARISH/SCHOOL OR DIOCESE OF SAN JOSE. I ATTEST THAT I AM/MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.

IN THE EVENT THAT I/MY CHILD BECOME(S) ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER MEDICAL TREATMENT(S), INCLUDING BUT NOT LIMITED TO X-RAY, EXAMINATION, OR HOSPITAL CARE, 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 AND/OR OTHER MEDICAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME/MY CHILD TO PARTICIPATE IN ANY ACTIVITY ASSOCIATED WITH THIS EVENT.

Further, the novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19's highly contagious nature means that contact with others, or with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID- 19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

Therefore, I acknowledge the contagious nature of COVID-19 and the fact that it can be difficult to identify in another person, and the inherent risks of exposure at this event to those who may be infected with COVID-19. I voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, or other infectious virus or disease, by participating in this event and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.

I/my child further acknowledge that the CDC and many other public health authorities continue to recommend social distancing and other protective measures to prevent the spread of COVID-19. I/my child acknowledge that I/my child must comply with all set procedures to reduce the spread of COVID-19 while volunteering.

I/my child understand that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE have put in place new rules and precautions in order to mitigate the spread of COVID-19, which rules and precautions may be updated at any time. While acknowledging that these rules and precautions may or may not be effective in mitigating the spread of COVID-19, I/my child agree to comply with such rules and precautions which may include, but are not limited to, wearing a face covering, hand washing, hand sanitizing, and social distancing.

I/my child understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I/my child understand that the risk of becoming exposed to or infected by COVID-19 during my volunteer service may result from the actions, omissions, or negligence of myself and others, including, but not limited to, priests, parish/school/diocesan staff, volunteers, and other parish/school/diocesan workers, including their families. I/my child recognize that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE cannot limit all potential sources of COVID-19 infection and cannot guarantee that I/my child will not become infected with COVID-19.

I/my child voluntarily serve(s) the PARISH/SCHOOL AND DIOCESE OF SAN JOSE and I acknowledge that, by serving, I am/my child is increasing the risk of exposure to COVID-19. I/my child voluntarily assume full responsibility for any and all risks of illness or injury associated with my/my child's exposure to COVID-19, or other infectious virus or disease, as well as from use of any protective equipment, including face coverings, that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE may voluntarily provide to me/my child.

I hereby attest that:

1. *I am/my child is not experiencing any symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.*

2. *I have/my child has not traveled internationally within the last 14 days.*

3. *I have/my child has not traveled to a highly impacted area within the United States of America in the last 14 days.*

4. *I do not believe I have/my child has been exposed to someone with a suspected and/or confirmed case of COVID-19.*

5. *I have/my child has not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities.*

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6. *I/my child am/is following all CDC recommended guidelines and limiting my/my child's exposure to COVID-19.*

I agree that if I am/my child is exhibiting symptoms of illness such as cough, shortness of breath or difficulty of breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, I/my child will seek prompt medical attention, remain isolated and self-quarantine until I have/my child has been cleared by a medical professional.

I/my child hereby release and agree to hold PARISH/SCHOOL AND DIOCESE OF SAN JOSE harmless from, and waive on behalf of myself/my child, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child and/or property that may be caused by any act, or failure to act of the PARISH/SCHOOL AND DIOCESE OF SAN JOSE, or that may otherwise arise in any way in connection with any volunteer services I/my child provide(s) to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE.

I/my child understand that this release discharges the PARISH/SCHOOL AND DIOCESE OF SAN JOSE from any liability or claim that I/my child, my heirs, or any personal representatives may have against the parish with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any volunteer services provided to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE.

This liability waiver and release extends to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE together with its clergy, staff, and other volunteers.

Participant Signature: (Parent signature if volunteer is under 18)	Date Signed:
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Waiver Received By:	Date Received:

Updated 07/2020

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