



Diocese of
San Jose



**Insurance & Risk Management
Student Participant Activity Waiver Form**

General Liability

Parish/School Information	
Location Name: Saint Clare Parish	Location #:
Location Address: 725 Washington Street	Telephone: (669) 270-2702
Contact Name: Sandra Quintanilla sandra.quintanilla@dsj.org	Facsimile:
<p align="center"><small>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED, AND A COPY KEPT ON FILE AT THE SCHOOL. REFER ANY QUESTIONS TO THE LOSS CONTROL & PREVENTION COORDINATOR THERESA LA VOUN. TELEPHONE: 408.983.0237 THERESA.LAVOUN@DSJ.ORG</small></p>	
Participant Personal Information	
Student Participant Name:	Telephone:
Home Address:	
Parent Name:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Activity Information	
Date of Activity:	Name of Activity:
Description of Activity:	
Waiver Authorization	
<p align="center"><small>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</small></p> <p>I HOLD THE 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 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>	
Parent Signature:	Date Signed:
Internal Use Only	
Waiver Received By:	Date Received:

Updated 2016