



Diocese of San Jose Student Activity Waiver Form

General Liability

PARISH/SCHOOL INFORMATION	
Location Name: St. Thomas Aquinas Parish—Catholic Community of Palo Alto	Location #:
Location Address: 3290 Middlefield Road, Palo Alto, CA 94306	Telephone: (925) 819-2406
Contact Name: Chris Mardesich	Facsimile: (650) 494-3780
<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.</i></p> <p><i>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:	
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: Sunday, January 24th, 2016, from 3PM to 5PM	Activity: Youth Ministry Ice Skating at Winter Lodge: 3009 Middlefield Road, Palo Alto, CA 94306
Description of Activity: The Youth Ministry Ice Skating at Winter Lodge is an afternoon of total fun and an all-around great time. COST: Bring \$11.00 for Admission and \$5 for the Skate Rental: Total \$16.00	

WAIVER AUTHORIZATION	
<i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i>	
<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>	
<i>I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</i>	
<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>	
<i>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</i>	
Parent Signature:	Date Signed:

PHOTO RELEASE CONSENT	
<i>OCCASIONALLY PICTURES ARE TAKEN OF YOUTH MINISTRY EVENTS AND GATHERINGS. WE WOULD LIKE TO BE ABLE TO USE THESE PHOTOGRAPHS FOR NEWSLETTERS, FLYERS, AND THE PARISH SOCIAL MEDIA & WEB SITE. WE WILL NOT USE ANY LAST NAMES IF POSTED. CONCERNS ABOUT PUBLISHED PICTURES SHOULD BE EXPRESSED TO WRITER/ WEBMASTER AND WILL BE PROMPTLY DEALT WITH. I/WE THE PARENT(S) OF THIS STUDENT, AUTHORIZE AND GIVE FULL CONSENT, WITHOUT LIMITATION OR RESERVATION, THE DIOCESE OF SAN JOSE/ ST. THOMAS AQUINAS PARISH-CATHOLIC COMMUNITY OF PALO ALTO TO PUBLISH ANY PHOTOGRAPHS IN WHICH THE ABOVE NAMED STUDENT APPEARS WHILE PARTICIPATING IN ANY PROGRAM WITH DIOCESE OF SAN JOSE./ ST. THOMAS AQUINAS PARISH-CATHOLIC COMMUNITY OF PALO ALTO. NO COMPENSATION IS TO BE GIVEN.</i>	
Parent's Signature:	Date Received: