



Diocese of San Jose Student Activity Waiver Form

General Liability

PARISH/SCHOOL INFORMATION

Location Name: Catholic Community of Palo Alto & Sky High, Santa Clara		Location #:
Location Address: 2880 Mead Ave, Santa Clara, CA 95051		Telephone: (925) 819-2406
Contact Name: Chris Mardesich		Facsimile: (650) 494-2496 x 21

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, April 23rd, 2017	Name of Activity: Sky High hangout session, from 3:00PM – 5:00PM.
Description of Activity: Join the Catholic youth of Palo Alto for a day of fun at Sky High in Santa Clara. The following items are needed to participate: Diocese of San Jose Student Waiver (this form), additional waiver from Sky High online (http://sjc.skyhighsports.com/), and minimum \$14 for 1 hour of play plus \$2 for special grip socks (bring \$30 for 2 hours). Youth are to be dropped off and picked up at offsite-location. For youth interested in a carpool email Chris or make arrangements with another parent ahead of time.	

WAIVER AUTHORIZATION

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

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 ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.

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 SUPERVISORIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.

I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.

Parent Signature:	Date Signed:
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PHOTO RELEASE CONSENT

*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 AAPPEARS 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.*

Parent's Signature :	Date Received:
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