

Diocese of San Jose

RISK & INSURANCE MANAGEMENT

Student Activity Waiver Form

General Liability

Parish/School Information

Location Name: St. Thomas Aquinas Parish

Location #:

Location Address: 3290 Middlefield Rd Palo Alto Ca 94301

Telephone: 408-464-4622

Contact Name: Alley White

Facsimile: 650-494-3780

*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.

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: 4/1/11-4/2/11

Name of Activity: EDGE Lock - In

Description of Activity: When: 6PM 4/1/11 to 9am 4/2/11

Where: St. Albert the Great, 1095 Channing Ave, Palo Alto, Ca 94301

What: Edge Lock – In (Overnight EDGE Night/Mini Retreat)

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 SUPERVISOR 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:

Internal Use Only

Waiver Received By:

Date Received:

HEALTH AND MEDICAL RELEASE FORM FOR YOUTH

Name: _____ Date of Birth: _____
Address: _____ Female: _____ Male: _____
City _____ Zip: _____
Parish: _____ City: _____

Is this participant in general good health and able to participate in all activities involved in this event? YES _____ NO _____ (If no, please submit a statement indicating limitations or serious medical conditions.)

Date of most recent physical exam: _____ Physician: _____
Address: _____ Phone: _____

Are there any known allergies to food or medications that those who work with your young person this week should be aware of? Yes No

If Yes, please explain: _____

Are there any known physical, psychological or emotional limitations that would affect this young person's participation in this event? Yes No

If Yes, please explain: _____

Medicines: _____

If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed.

Does the participant have any special dietary needs? If yes please list on reverse side of form.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize as agent(s) **[event staff and St. Thomas Aquinas Parish Youth Ministers]** for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of the **[St. Thomas Aquinas Parish]**, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the **[EDGE LOCK IN 4/1/11 – 4/2/11]**.

This authorization shall remain effective from **[4/1/11 6:00PM to 4/2/11 9AM]**.

Signature of parent(s)/Guardian: _____

Date: _____

Emergency Telephone Number During Event_ _____

Alternate Telephone_ _____

Family Health Insurance Co: _____

Policy No.: _____

(If possible please provide a copy of the insurance card)

YOUTH BEHAVIOR CONTRACT

To be read and signed by youth and parents or guardian. Parish/School contact person should retain these upon completion.

Everyone who attends [**EDGE LOCK-IN**] is encouraged to participate actively and to behave appropriately so that all will have the chance to safely enjoy this special day of ministry!

1. **There will be respect for property** - Property of the [**ST THOMAS AQUINAS PARISH**] and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
2. **There will be respect for the law** - There will be no non-prescription drugs or alcohol consumed or in any student's possession. There will be no physical abuse of others or inappropriate language. Fighting of any kind will not be permitted.
3. **There will be cooperation and participation** - Attending [event] is a special privilege. We expect that all participants will take advantage of the opportunities of the day and participate fully in the activities. We also expect that all participants cooperate with the directions of the adult chaperones/leaders to promote a safe and enjoyable day.

Please remember that you are representing your parish and school by participating in this event. You are encouraged to take this responsibility seriously - your actions reflect the adults who sponsored you for this event and upon all of the participants of your parish or school.

If these guidelines are not adhered to, appropriate action will be taken. One possible action will be that the student(s) involved will have his/her parents or guardian called and will make arrangements for transportation home as soon as possible. In addition, there may be further consequences (for example: destruction of property would require repayment of damages.)

I have read and understand these guidelines.

Participant's Signature:	Date:
Parent or Guardian's Signature:	Date: