DIOCESE OF SAN JOSE

Insurance & Risk Management

Participant Activity Waiver Form

General Liability

Parish/School/Location Information	
Location Name:	**Location #**:
Location Address:	Telephone:
Contact Name:	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 CFO ADMINISTRATOR ASSISTANT, SUZANNE.BALISTRERI@DSJ.ORG WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.

Participant Personal Information	
Participant Name:	Telephone:
Home Address:	Email:
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

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.

The Chancery ● 1150 North First Street ● Suite 100 ● San Jose, California 95112-4966
● www.dsj.org ● (408) 983-0160

Also, I acknowledge the inherent risks of exposure to COVID-19, or other infectious virus or disease and 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 activity.

I/my child understand that the PARISH/SCHOOL AND DIOCESE OF SAN JOSE have put in place rules and precautions to mitigate the spread of COVID-19. 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, and hand sanitizing.

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, muscle pain, headache, or sore throat, I/my child will seek medical attention as needed, and refrain from attending the mentioned activity until I get/my child gets better.

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 participation of activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR 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 participation in activities WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH/SCHOOL OR DIOCESE OF SAN JOSE.

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

Participant Signature: (Parent signature if participant is under 18)	Date Signed:
Internal Use Only	
Waiver Received By:	Date Received:

The Chancery ● 1150 North First Street ● Suite 100 ● San Jose, California 95112-4966
● www.dsj.org ● (408) 983-0160