



Student Activity Waiver Form General Liability

Parish/School Information	
Location Name: Redwood Glen Camp	Location #:
Location Address: 3100 Bean Creek Road, Scotts Valley, CA 95066	Telephone: 831-461-2000
Contact Name: Sherry Scott	Facsimile: 831-461-2008
<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. 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: 11/14-15/2009	Name of Activity: High School Youth Ministry Retreat
Description of Activity: weekend retreat for high school Youth Ministry.	

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:

Internal Use Only	
Waiver Received By:	Date Received: