



## Volunteer Activity Waiver Form General Liability

<b>Parish/School Information</b>	
Location Name: <b>St. Patrick School</b>	Location #: <b>331</b>
Location Address: <b>51 North 9<sup>th</sup> Street San Jose CA 95112</b>	Telephone: <b>408-283-5858</b>
Contact Name: <b>Ms Olga C. Islas</b>	Facsimile: <b>408 – 283-5852</b>
<small>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE RISK &amp; INSURANCE MANAGEMENT DEPARTMENT WHEN A VOLUNTEER PARTICIPATES IN AN ACTIVITY LOCATED ON DIOCESAN PROPERTY. MAIL TO: 1150 NORTH FIRST STREET, SUITE 100, SAN JOSE, CA 95112. TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0271.</small>	

<b>Volunteer Personal Information</b>	
Volunteer Name:	Telephone:
Home Address:	SSN:
Supervisor Name:	Telephone:
Medical Plan Name:	Policy Number:
Medical Plan Address:	Telephone:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:

<b>Activity Information</b>	
Date of Activity: July 1 – June 30 of each school year	Name of Activity: <b>All School Activities &amp; Events</b>
Description of Activity: <b>Volunteering For ALL School Events</b>	

<b>Waiver Authorization</b>	
<small>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</small>	
<small>I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I 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.</small>	
<small>I UNDERSTAND VOLUNTEERS ARE NOT COVERED BY THE WORKERS COMPENSATION INSURANCE CARRIED BY THE DIOCESE OF SAN JOSE.</small>	
<small>IN THE EVENT I AM INJURED, BECOME ILL AND REQUIRE EMERGENCY MEDICAL ATTENTION, ANY RESULTING HOSPITAL, MEDICAL OR RELATED COSTS AND EXPENSES WILL BE PAID BY THE MEDICAL INSURANCE OR BENEFIT PLAN OF MINE OR MY SPOUSE, OR PARENT.</small>	
<small>I HAVE INDICATED ABOVE THE MEDICAL INSURANCE PLAN THAT WOULD COVER ANY HOSPITAL, MEDICAL AND RELATED COSTS AND EXPENSES IN THE EVENT OF ILLNESS, SICKNESS OR ACCIDENT OF AN EMERGENCY NATURE.</small>	
<small>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR ME TO PARTICIPATE IN ANY SUCH ACTIVITY.</small>	
<small>I HERBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY PARISH AND DIOCESE OF SAN JOSE PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.</small>	
Volunteer Signature:	Date Signed:

<b>Risk &amp; Insurance Management Use Only</b>	
Waiver Received By:	Date Received: