



Diocese of
San Jose

Insurance & Risk Management

ENGLISH

Student Participant Activity Waiver Form

General Liability

Parish/School Information	
Location Name: St. Mary Parish (Gilroy)	Location #: 205
Location Address: 11 1 st St. Gilroy, CA 95020	Telephone: (408) 847-5151
Contact Name: Mariaelena Tantalo and Homar Grajales	Facsimile: (408) 847-4851
<p>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED, AND A COPY KEPT ON FILE AT THE PARISH OR SCHOOL.</p> <p>REFER ANY QUESTIONS TO THE RISK MANAGER, THERESA LA VOUN. TELEPHONE: 408.983.0237 THERESA.LAVOUN@DSJ.ORG</p>	
Student's Personal Information	
Participant Name: _____	Telephone: _____
Home Address: _____	
Parent Name: _____	Telephone: _____
Medical Plan Name: _____	Policy Number: _____
Medical Plan Address: _____	Telephone: _____
Emergency Contact Name: _____	Telephone: _____
Emergency Contact Name: _____	Telephone: _____
Activity Information	
Date of Activity: September 2024 – May 2025	Name of Activity: Faith Formation Classes/Religious Education
Description of Activity: Participation in faith formation classes for Religious Education (First Communion and Confirmation)	
Waiver Authorization	
FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.	
<p>I HOLD THE 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 DIOCESE OF SAN JOSE.</p> <p>I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</p> <p>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 JUDGMENT 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.</p> <p>I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</p>	
Parent Signature: _____	Date Signed: _____
Internal Use Only	
Waiver Received By: _____	Date Received: _____

Updated 2023

ESPAÑOL

Student Participant Activity Waiver Form

General Liability

Parish/School Information	
Location Name: St. Mary Parish (Gilroy)	Location #: 205
Location Address: 11 1 st St. Gilroy, CA 95020	Telephone: (408) 847-5151
Contact Name: Mariaelena Tantalo and Homar Grajales	Facsimile: (408) 847-4851
<p>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED, AND A COPY KEPT ON FILE AT THE PARISH OR SCHOOL.</p> <p>REFER ANY QUESTIONS TO THE RISK MANAGER, THERESA LA VOUN. TELEPHONE: 408.983.0237 THERESA.LAVOUN@DSJ.ORG</p>	
Información Sobre el Estudiante	
Nombre del Estudiante: _____	Número de Teléfono: _____
Domicilio de Casa: _____	
Nombre de Padre o Madre: _____	Número de Teléfono: _____
Nombre de Seguro de Salud: _____	Número de Póliza: _____
Domicilio de Seguro de Salud: _____	Número de Teléfono: _____
Nombre de Contacto de Emergencia: _____	Número de Teléfono: _____
Nombre de Contacto de Emergencia: _____	Número de Teléfono: _____
Activity Information	
Date of Activity: September 2024 – May 2025	Name of Activity: Faith Formation Classes – Religious Education
Description of Activity: Participation in faith formation classes for Religious Education (First Communion and Confirmation)	
Waiver Authorization	
<i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i>	
<i>I HOLD THE 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 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 JUDGMENT 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>	
Firma de Padre: _____	Fecha de Hoy: _____
Internal Use Only	
Waiver Received By: _____	Date Received: _____

Updated 2023