



Volunteer Activity Waiver Form

Appendix F General Liability

Parish/School/Location Information			
Location Name: St. Victor Parish			Location #: 236
Location Address: 3108 Sierra Rd., San Jose, CA 95132		Telephone: 408-251-7055	
Contact Name: Azaleah Dumanig		Facsimile: 408-251-5528	
NOTICE TO ALL PARISH/SCHOOL ADMINISTRATORS – 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 INSURANCE AND RISK MANAGER, suzanne.balistreri@dsj.org WITHIN 24 HOURS. A NEW WAIVER MUST BE FILLED OUT, SIGNED AND KEPT ON FILE ANNUALLY.			
Volunteer Personal Information			
Volunteer Name:		Telephone:	
Home Address:		Email:	
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: __/__/20__ - __/__/20__		Name of Activity: St. Victor Parish Volunteer Activities	
Description of Activity: ☐ Adult Faith Formation ☐ Alter Server ☐ Catechist, VBC		☐ Choir ☐ Eucharistic Minister ☐ Food Pantry ☐ Lector ☐ Parish Social Events ☐ Sacristan ☐ Scout-related Events ☐ Usher ☐ Youth & Young Adult Activities ☐ Other: _____	
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.

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 volunteer services I/my child provide(s) to the PARISH/SCHOOL AND 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 volunteer services provided to the PARISH/SCHOOL AND DIOCESE OF SAN JOSE.

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

Participant Signature:
(Parent signature if volunteer is under 18)

Date Signed:

Internal Use Only

Waiver Received By:

Date Received: