

## **Student Activity Waiver Form**

*Notice to Administrators/Supervisors: This form must be completed and copy filed when a student or child under 18 participates in an activity sponsored by the school, parish, or organization. Please refer any questions to Jinky Peralta at (408) 991-3326 or email [sleepinghomeless@yahoo.com](mailto:sleepinghomeless@yahoo.com)*

Name of Student/Child:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #:

\_\_\_\_\_

Dental Insurance Provider: \_\_\_\_\_ Policy #:

\_\_\_\_\_

### **Emergency Contact**

1. Contact Name & Phone #:

\_\_\_\_\_

2. A Second Contact Name & Phone #:

\_\_\_\_\_

WAIVER AUTHORIZATION FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER

I hereby release **Sleeping Bags for the Homeless of Silicon Valley**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by my child while participating in or traveling to and from this event on

\_\_\_\_\_.

I attest that my child is physically fit to participate in this event. I am not aware of any medical condition which would render it inappropriate for my child to participate in any such activity.

In the event that 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 hereby grant permission for my child to be photographed and/or videotaped during the event. I further grant permission for the resulting photographs and/or videotaped footage to be edited and published/broadcast for the purpose of promoting homeless awareness.

As an organization, we strive for safety during all distributions, while giving the volunteers an opportunity to learn about volunteerism, civic engagement and advocacy. By signing this form, the student and/or his/her legal representative understands it is necessary to follow the leader instructions on the day of distribution and to be on the tracks all the time.

Parent Printed Name & Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Child/Student Printed Name & Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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***Internal Use Only:***

Waiver Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

