NOTRE DAME SAN JOSE

Notre Dame High School Parent Authorization

I/we, the parent(s) /guardian(s) of _____ hereby allow my/our student to participate in an on-campus internship at Notre Dame High School.

As a condition of my/our student participating in this, I/we hereby waive, and release the Internship Supervisor & Notre Dame High School from any and all claims for injury, accident, illness, property loss or damage, or death occurring during or by reason of my/our student's participation in this activity. As a further condition of my/our student's participation in this activity, I/we agree to release, defend, indemnify, and hold harmless the Internship Supervisor, Notre Dame High School, the Sisters of Notre Dame de Namur, and/or its officers, directors, employees, agents and affiliated entities, from any and all damages, actions, claims, or demands, that I/we, my/our heirs, personal representatives, or assigns now have or may have hereafter have for personal injuries or loss of life arising out of my/our student's participation in this activity. I agree that this release includes bodily injury or property damage caused, in whole or in part, by negligence, active or passive, of the Internship Supervisor, Notre Dame High School and/or its employees, agents and contracting parties. This release does not apply to liability for willful injury, fraud or violations of law.

I authorize the Internship Supervisor (or other adult present) to seek medical treatment for my student, if necessary.

_____
Parent/Guardian Signature

Emergency Contact Name _____

Emergency Contact Phone Number(s) _____

Medications: _____ Allergies: _____

Medical/Insurance ID number: _____

596 South Second Street • San Jose, CA • 95112 • phone: 408.294.1113 • fax: 408.294.9330