



# SACRED HEART **AMC MOVIE NIGHT** AMC 14 SARATOGA

## YOUTH MINISTRY GUARDIANS OF THE GALAXY, VOL. 2 @ 7:20 PM

### WAIVER FORM

Sacred Heart Parish  
13716 Saratoga Avenue  
Saratoga, CA 95070  
Contact Name: Kurt Martin & Joey Mannina

Telephone: 408-867-3634  
Facsimile: 408-867-5339  
www.SacredHeartSaratoga.org

#### PARTICIPANT(S) Personal Information (one waiver form per family)

Youth Participant 1	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Youth Participant 2	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Youth Participant 3	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Parent Guardian Name	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Home Address:	<input type="text"/>	Home Telephone:	<input type="text"/>
Medical Plan Name:	<input type="text"/>	Policy Number:	<input type="text"/>
Medical Plan Address:	<input type="text"/>	Telephone:	<input type="text"/>
Emergency Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Parish:	<input type="text"/>	School:	<input type="text"/>

#### Payment Method: please check one

I'll pay for my ticket(s) with AMC scrip/giftcard or cash at movie theatre

Need ticket(s)! I've attached \$13 per ticket needed.

#### Waiver Authorization

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER. I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT I OR MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OR DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD AND I ARE PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. IN THE EVENT EITHER OR BOTH MY CHILD AND I 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 JUDGEMENT 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 AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD OR I TO PARTICIPATE IN ANY SUCH ACTIVITY. I AUTHORIZE AND GIVE FULL CONSENT. WITHOUT LIMITATION OR RESERVATION, TO SACRED HEART PARISH TO PUBLISH ANY PHOTOGRAPHS OR VIDEOS IN WHICH MY CHILD OR I APPEAR WHILE PARTICIPATING IN YOUTH MINISTRY. THERE WILL BE NO COMPENSATION FOR USE OF ANY PHOTOGRAPHS OR VIDEO AT THE TIME OF PUBLICATION OR IN THE FUTURE.

Parent Signature  Date Signed:

cut here & keep

#### Sacred Heart Youth Ministry: Saturday Social on May 6th - AMC Movie Night @ AMC 14 Saratoga

This event is for youth in grades 6th to 12th. We are meeting at AMC 14 Saratoga theatre to see the 7:20 PM showing of Guardians of the Galaxy, Vol. 2 after the 5PM Youth Mass on Sat. May 6th. Meet us at the movie theatre by 6:45PM. Pick up will be at 9:45PM. Parents are welcome to join us! A completed **waiver form is required** for all youth and is due by **Mon. May 1st**. You may submit your waiver form to the parish office or by email: youthministry@sacredheartsaratoga.org

**Drop off is at 6:45PM:** AMC 14 Saratoga  
700 El Paseo de Saratoga  
San Jose, CA 95130

**Pick up is at 9:45PM:** AMC 14 Saratoga  
700 El Paseo de Saratoga  
San Jose, CA 95130

