

**SAN FRANCISCO JAPANESE LANGUAGE CLASS
40TH ANNIVERSARY EVENT
CONSENT/WAIVER FORM**

In consideration of the 40th anniversary event (the “event”) for the San Francisco Japanese Language Class (“SFJLC”) to be held from 10:00 am until 2:00 pm on Sunday, October 18, 2009 at the San Jose Municipal Stadium at the address of 588 East Alma Avenue, San Jose, California (the “venue”), I knowingly choose to leave my child at the event without my supervision. I understand that **my child must be currently enrolled in SFJLC’s Middle/High School Program** and must abide by all rules and instructions by the staff and chaperons. I further understand that SFJLC cannot assume any responsibility for the safety and welfare of my child while participating in the event. I understand that SFJLC staff and chaperones may not prevent injuries because they cannot always control the conditions present or be present with my child at all times. I also understand that the transportation to and from the venue must be provided or arranged by me. I understand that **my child must be picked up by 2:00 pm without any exception**. My signature below constitutes and is evidence of my agreement to said terms and general liability for the participation of my child in the event identified above.

WAIVER OF CLAIM: I hereby waive all claims against SFJLC and its officers, employees, agents, and/or chaperons for injury, illness, or death occurring during or by reason of the event. I therefore acknowledge that as a condition of my son/daughter participating in said activity, I hold SFJLC harmless and waive any and all claims against SFJLC and its officers, employees, agents, and/or chaperons including, but not limited to, claims arising out of any negligence of any officers, employees, agents, and/or chaperons of SFJLC, for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of my child’s participation in said activity.

AUTHORIZATION TO TREAT MINOR: In the event that I, or the other parent/guardian, cannot be reached in an emergency, I hereby give my permission to the school staff and/or chaperons to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the attending licensed physician, surgeon, and/or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

PERSONAL INFORMATION: MUST BE COMPLETED BY PARENT/GUARDIAN

Student Name: _____ Student Age (must be 12 or older): _____

Print Name(s) of Parent/Guardian: _____

Parent/Guardian Cell Phone(s): _____

Physician/Health Insurance Name: _____

Policy Number: _____

Phone: _____

Student’s Critical Medical Needs/Allergies/Conditions: _____

I acknowledge that I have carefully read this document and understand the information therein. I hereby agree to each of the terms and acknowledgements above, and agree to permit my child to participate in the event described above.

Date: _____

Parent/Guardian Signature: _____