



FIELD TRIP LIABILITY WAIVER (VOLUNTEER)

ARCHDIOCESE OF WASHINGTON - Catholic Schools

Each adult volunteer, including group leaders and chaperons, must complete and sign this waiver prior to the field trip or co-curricular activity on < <Enter Date> >.

Acknowledgment and Release of Liability

I, _____, agree on behalf of myself, my

Print Your Full Name

heirs, assigns, executors, and personal representatives, to hold harmless and defend

_____ and _____

Print School Name

Print Affiliated Parish

and the Archdiocese of Washington, its officers, directors, agents, employees, or

representatives associated with the field trip (co-curricular activity) from any and all

liability claims, loss or damage arising from or in connection with my participation

in

the field trip (co-curricular activity) occurring on _____, at the location of _____.

I, hereby, acknowledge that all the information contained in this waiver is accurate and truthful. I also confirm that I am in compliance with Archdiocese of Washington Child Protection Policy for Volunteers in Archdiocesan Catholic Schools.

Full Name of Adult/Volunteer: _____

Please Print

Signature of Adult/Volunteer: _____ Date: _____

Sign Your Name

Today's Date