Field Trip Liability Waiver (Volunteer)

FORM **14**

Archdiocese of Washington – Catholic Schools

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| Each adult volunteer, including group leaders and chaperons, must complete and sign this waiver prior to the field trip or co-curricular activity on <<10/17/17>>. |

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| 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 | | | | | | | | | | | Holy Redeemer School | | | | and | | Holy Redeemer |  | | *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 10/17/17, at the location of Patuxent Research Refuge. | | | 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* | |