FIELD TRIP
LIABILITY WAIVER (ADULT)

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, ____________________________, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend ____________________________________________.

Parish

Diocese of Salina, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

_________________________________________  _____________________________
Signature                                      Date

_________________________________________
Print Name

Rev 11-18-20