

**ST. CATHERINE OF SIENA SCHOOL
FIELD TRIP LIABILITY WAIVER (ADULT)**

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

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns,
Full Name

executors, and personal representatives, to hold harmless and defend St. Catherine of Siena, Diocese of Covington, 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

For office use only: _____
