



# FIELD TRIP LIABILITY WAIVER (VOLUNTEER)

FORM 14

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 \_\_\_\_\_ .

## 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*