

# MISSION/FIELD TRIP LIABILITY WAIVER (ADULT)

In addition to the Field Trip Health Information/Release form, each ADULT participant (group leaders and chaperones), 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 \_\_\_\_\_ (name of parish/school), and The Diocese of Sioux City, 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.

Activity: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_