Roman Catholic Diocese of Lexington

FIELD TRIP

ADULT LIABILITY WAIVER

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,
Full Name
executors, and personal representatives, to hold harmless and defend _____, the Roman Catholic Diocese of Lexington, its
Parish
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