

Catholic Youth Day

ADULT LIABILITY WAIVER

In addition to the Catholic Youth Day Health Information/Release form, each adult participant, including group leaders and chaperones, 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
_____, _____ Fall River _____, its officers,
Parish (Arch) Diocese
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