

**ST JOHN BOSCO CATHOLIC SCHOOL
FIELD TRIP
LIABILITY WAIVER (ADULT)**

Each adult participant, including group leaders and chaperons, must sign this form.

FIELD TRIP VOLUNTEER RELEASE FORM

Assumption of Risk and Indemnity Agreement

Parish/School _____ Date of Activity/Field Trip _____

Description of Activity/Field Trip:

The undersigned person volunteers to serve as a chaperone for the above-described activity/field trip.

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE St. John Bosco Catholic School and the Diocese of Green Bay for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity/field trip.
2. UNDERSTAND that participation in the described activity/field trip involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Printed Name Date Signed

Signature

**ST JOHN BOSCO CATHOLIC SCHOOL
FIELD TRIP
DRIVER INFORMATION SHEET**

DRIVER

Name _____ Date of Birth _____
Address _____ Social Security # _____
_____ Phone # _____
Drivers License # _____ Date of Expiration _____

VEHICLE TO BE USED

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
_____ Year of Vehicle _____
License Plate # _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____
Policy # _____ Date of Expiration _____
Liability Limits of Policy _____

Please note: the minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature

Date