



ST. MARK CATHOLIC SCHOOL

Field Trip Chaperone Waiver Form

This form must be signed and returned in order for you to participate in the field trip listed below. Please fill out all information.

Chaperone's Name: _____ Date of Field Trip: _____

Destination: _____

Cost per Chaperone, if applicable: \$ _____

Departure time: _____ Arrival back at school: _____

- I am chaperoning the field trip.
- I am approved to volunteer at St. Mark Catholic School.
- I am driving for the field trip.
- I have filled out all appropriate Field Trip Driver information, including providing a current copy of my driver's license and insurance.

- I hereby release from liability and hold harmless St. Mark Catholic School, its employees, and/or chaperones associated with this field trip from any and all liability claims, loss, or damages that result from and/or during this trip.

Signature of Chaperone: _____ Date: _____

Printed Name _____