

**CATHOLIC MUTUAL "CARES" LOSS PREVENTION SYSTEM  
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

**VOLUNTEER LIABILITY WAIVER (ADULT)**

RELEASE OF LIABILITY

**DESCRIPTION OF EVENT:**

**SCHOOL SPONSORED EVENTS FOR SCHOOL YEAR 2013-2014**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend St. Vincent de Paul Parish/School, Minneapolis/St. Paul Diocese, its officers, directors, agents, employees, or representatives associated with the school sponsored event/s from any and all liability claims, loss or damage arising from or in connection with my participation in the event/s.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone  
Number

\_\_\_\_\_  
E-Mail Address

Please complete if you are volunteering at the school or on field trips.