Catholic Social Services
Out of School Time Program

Waiver and Release from Liability for Bus Trips

Site: ___________________  Time: ___________________
Where: ___________________  Cost: ___________________
Date: ___________________

I, ____________________________________ legal parent and/or guardian of
___________________________________ hereby waive and release, indemnify, hold harmless and
forever discharge Catholic Social Services and its employees, directors, administrators and affiliates, of
and from any and all claims, demands, debts, contracts, expenses, law or equity, that my child has or may
have, arising from or in any way related to my child’s participation in any of the events or activities
conducted by, or for the benefit of Catholic Social Services, provided that this waiver of liability does not
apply to any acts to gross negligence, or intentional, willful, or wanton misconduct.

I hereby jointly or severally, waive, release, absolve, indemnify and agree to hold harmless any and all adults who supervise/chaperone this activity, other participants, and any of the above named parties’ representatives, successors, supervisors, sponsors, and/or organizers, for any injury of any kind that Student sustains while traveling to, attending, and participating in the aforementioned Event, provided that said injuries are not the result of gross or willful negligence.

I likewise release from liability any person(s), bus company, or other transportation service transporting clients/children from Catholic Social Services, with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I waiver my right to bring suit whether the injury be accidental or intentional in nature, whether the injury is immediately discovered or discovered at some future time, and regardless of the identity of the party inflicting injury. I have read and understand the above provisions. I agree to the above provisions voluntarily, intelligently, willingly and intentionally. I understand that I cannot withdraw this waiver without the consent of Catholic Social Services.

____________________________________ ______________________
Legal Parent/Guardian Signature  Date

____________________________________
Parent’s Daytime Phone Number

____________________________________
Emergency Contact & Phone Number