

*Diocese of Las Vegas*

Field Trip  
Liability Waiver (Adult)

**Release of Liability**

I, \_\_\_\_\_, Full Name \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, release and waive any and all claims which I may have, or which may accrue to me, and further agree to indemnify, hold harmless and defend The Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole, its officers, directors, agents, employees and/or representatives, and the Parish/School/Institution \_\_\_\_\_, (Name of the Parish/School/Institution) from any and all liability associated with my participation in the field trip to: \_\_\_\_\_  
\_\_\_\_\_  
Date of trip: \_\_\_\_\_, This waiver and release form is signed in order to participate in this event or activity for my own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto. I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Note: If your parish organization is planning more than one trip during the year, page 2 can be used to cover all trips by the parish organization.



*Diocese of Las Vegas*  
**FIELD TRIP QUESTIONNAIRE**

This form must be completed by all employees, volunteers, group leaders, chaperons, and drivers.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

Address: \_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_  
Home Business

Sexual misconduct by personnel (including officers, employees, lay volunteers, clerics, and religious personnel) of the Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole, while performing the work of the Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole, is contrary to Christian principles and is outside the scope of the duties and employment of all personnel.

Therefore, all personnel who are involved in the field trips must answer the following questions:

Has a civil or criminal complaint ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical or sexual abuse misconduct? Yes: \_\_\_\_\_  
No: \_\_\_\_\_

If yes, give a short explanation of the allegations. (Please indicate the date, nature, and place of the allegations, the dispositions of the allegations, and your employer at the time. Include your employer's name, address, and telephone number.)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical or sexual abuse misconduct?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician with name, address, and telephone number.  
\_\_\_\_\_  
\_\_\_\_\_

List three persons who can provide character references relating to your fitness for working with children. These should not be family members or past or present employers.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

The information provided on this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as the Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole and \_\_\_\_\_  
Parish/School/Institution

I agree to contact the Parish/School/Institution immediately if there are any instances or accusations of sexual misconduct on my part after signing this form as described in and attested to in this questionnaire.

When it is necessary to arrange for overnight accommodations for a field trip the following Diocesan policy will be effective:

- Students must be roomed with students only.
- Chaperons and teachers must be roomed with chaperons and teachers only.
- It is not permissible for a student to be roomed with a chaperon or teacher.

The ratio of students to chaperons/teachers will not exceed 8 to 1 for any field trip.

It is the policy of the Diocese of Las Vegas to prohibit the consumption of alcoholic beverages by any Teacher, Chaperon or Staff Member overseeing a child's field trip.

By signing this document, the undersigned certifies under penalty of perjury that the responses to this questionnaire are true and correct.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_