

**Lexington Public Schools**  
***Consent Form and Release from Liability and Indemnification For Extra-Curricular Field Trips and Activities***

---

Student Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Extra-curricular Field Trip/ Activity: MML Math Meets – Oct 1, 2015, Nov 5, 2015, Dec. 3, 2015, Jan 7, 2016, Feb 4, 2016, March 3, 2016 2:30-6:00 PM

This is a (select one):      ☒ single day field trip/ activity;                      \_\_\_\_\_ overnight field trip/ activity

---

As the undersigned parent/ guardian of the above-listed Student, I hereby consent to his/her participation in the above-listed extra-curricular field trip/ activity and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Lexington and the Lexington Public Schools from any and all actions, causes of action and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent/ guardian of the Student, and also all claims of right of action for damages which the Student has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from his/her participation in the Lexington Public Schools extra-curricular field trip/ activity. I acknowledge that the Student's participation in this extra-curricular field trip/ activity is voluntary and that his/her participation is not required.

I acknowledge that the provisions of the Student Handbook will remain in effect while my Student participates in extra-curricular field trips/ activities. I further acknowledge that possession and/ or use of any controlled substances or alcohol is strictly prohibited during all extra-curricular field trips/ activities.

Additionally, in consideration for allowing my Student to participate in the above-listed extra-curricular field trip/ activity, I, as the legal representative of my Student, agree to indemnify the Town of Lexington, the Lexington Public Schools and its employees, agents, including elected officials, in the event that any action, charge, and/or claim is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly, my Student's participation in the extra-curricular field trip/ activity run by, sponsored by or related to the Lexington Public Schools.

I agree to allow school personnel responsible for the extra-curricular field trip/ activity to authorize medical care for my Student and/or return travel to Lexington, MA if they, in their sole discretion deem it to be in the Student's best interest. I agree to promptly reimburse school personnel for all expenses incurred for services and/or return travel to Lexington, MA for the Student.

**Overnight and/ or Foreign Travel**

This Parental/Student Consent and Release from Liability and Indemnity Agreement covers all trips outside of Lexington, MA, including travel to one or more foreign countries. By signing this form, Parents and Student acknowledge that they are aware of the risks of foreign travel and have been informed by the school department that decisions with respect to such travel are up to each parent and student. Parents and students are advised to avail themselves of advice and information from the Office of the U.S. Secretary of State.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (required if 18 or older)

\_\_\_\_\_  
Date