

100 Walnut Street Newton, MA 02460

DAY FIELD TRIP CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

Parent/Guardian

	* *			
I/We,	the undersigned p	arent(s) or guardian(s) of, do herel	by
CONSENT to his/her pa				•
			Newton Public Schools. I/WE	
			ficers, employees, and agents	
			claims, demands, losses or expe	enses
			parent(s) or guardian(s) of said	
			r participation in the Field Trip.	
	ture that Newton may	have to pay that arise	st any claim, damage, loss or exp s from said minor's intentional, n the Field Trip.	
2. 202.) .i.dididi		Par morbana.		
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			pervising said minor to act on o	
			said minor if he/she becomes i	
			nd Consent may be presented to	
			dical care is required. I/We he	
			ıre whatsoever, which may aris	e ou
of the decision to provi	de emergency medica	i care.		
•				
			•	
Signature of Parent o	r Guardian	Date	Relationship	
			•	
Signature of Parent o	r Guardian	Date	Relationship	
Contractor of Malactan A	-tiiti Caaat aa-	i Dalaasa fuana Lishil	ter and Indonesity Agreement	
<u>Swimming/water A</u>	cuviues consent and	<u>i Keiease irum Liadii</u>	ity and Indemnity Agreement	F
I /WE understand tha	t thic field trip and /or	nrogram involves swi	mming and water activities, the	ο.
			I/WE hereby CONSENT to my	_
			es associated with this field trip	n or
program.	adon in the swimmin	s and or water activity	co associated with this field trip	ի 01
hr ogram.				
C		The same	D-1-12	
Signature of Parent o	r Guardian	Date	Relationship	

THIS FORM MAY NOT BE ALTERED



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Parent/Guardian

	4.4		
I/We,	, the undersigned	parent(s) or guardian(s) of	, do hereby
			(hereafter referred to as th
"Field Trip") plant	ned for Sat Jan 5, 2019	and sponsored by the New	ton Public Schools. I/WE
		and its departments, officer	
(hereinafter collec	tively referred to as "Nev	wton") from any and all clain	ns, demands, losses or expenses
		y have or acquire as the pare	
		ctly or indirectly, his/her par	
of whatever kind o	or nature that Newton ma	DEMNIFY Newton against an ay have to pay that arises fro ons while participating in the	
behalf in authorizi is injured while pa appropriate emerg RELEASE and disc	ng and consenting to emo articipating in the Field To gency medical staff at suc	ergency medical care for said rip. This Authorization and C th time as emergency medica and all claims of any nature v	vising said minor to act on our I minor if he/she becomes ill or onsent may be presented to the I care is required. I/We hereby whatsoever, which may arise out
Signature of Pare	ent or Guardian	Date	Relationship
Signature of Pare	ent or Guardian	Date	Relationship
Swimming/Wat	ter Activities Consent a	nd Release from Liability a	nd Indemnity Agreement
details of which	have been provided to m	or program involves swimm: e/us. By signing below, I/W ing and/or water activities as	
Ci			Deletion ships
Signature of Pare	ent or Guardian	Date	Relationship

THIS FORM MAY NOT BE ALTERED



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Parent/Guardian

	4.4		
I/We,	, the undersigned	parent(s) or guardian(s) of	, do hereby
,			(hereafter referred to as th
"Field Trip") pla	nned for <u>Mar 8-10</u> , 201	9, and sponsored by the Nev	ton Public Schools. I/WE
		and its departments, officer	
(hereinafter coll	lectively referred to as "Nev	wton") from any and all clain	ns, demands, losses or expenses
		y have or acquire as the pare	
		ctly or indirectly, his/her par	
of whatever kind	d or nature that Newton ma	DEMNIFY Newton against an ay have to pay that arises fro ons while participating in th	
is injured while appropriate emo RELEASE and di	participating in the Field Tr ergency medical staff at suc	rip. This Authorization and C h time as emergency medica and all claims of any nature v	d minor if he/she becomes ill or consent may be presented to the clare is required. I/We hereby whatsoever, which may arise out
•			· .
Signature of P	arent or Guardian '	Date	Relationship
		ı	
Signature of Pa	arent or Guardian	Date	Relationship
Swimming/W	ater Activities Consent a	nd Release from Liability a	and Indemnity Agreement
details of whic	h have been provided to m	or program involves swimm e/us. By signing below, I/W ing and/or water activities a	
		. ·	
Signature of Pa	arent or Guardian	Date	Relationship

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Parent/Guardian

I/We,	, the undersigned	parent(s) or guardian(s) of	, do hereby
,			(hereafter referred to as th
"Field Trip") pla	nned for <u>Mar 29-31</u> , 201	9, and sponsored by the New	ton Public Schools. I/WE
		and its departments, officer	
			ns, demands, losses or expenses
		y have or acquire as the pare	
		ctly or indirectly, his/her par	
of whatever kind	d or nature that Newton ma	DEMNIFY Newton against an ay have to pay that arises fro ons while participating in the	
behalf in author is injured while appropriate eme RELEASE and di	izing and consenting to em participating in the Field T ergency medical staff at suc	ergency medical care for said rip. This Authorization and C th time as emergency medica and all claims of any nature v	vising said minor to act on our I minor if he/she becomes ill or onsent may be presented to the I care is required. I/We hereby whatsoever, which may arise out
Signature of Pa	arent or Guardian '	Date	Relationship
		·	
Signature of Pa	arent or Guardian	Date	Relationship
Swimming/W	<u>ater Activities Consent a</u>	nd Release from Liability a	nd Indemnity Agreement
details of whic	h have been provided to m	or program involves swimm: e/us. By signing below, I/W ing and/or water activities as	
Signature of Page 1	arent or Guardian	Date	Relationship
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Parent/Guardian

	**		
I/We,	, the undersigned	parent(s) or guardian(s) of	, do hereby
CONSENT to his/	her participation in a day		(hereafter referred to as th
		and sponsored by the Nev	ton Public Schools. I/WE
		and its departments, officer	
(hereinafter colle	ectively referred to as "Nev	wton") from any and all clain	ns, demands, losses or expenses
		y have or acquire as the pare	
minor arising out	of or resulting from, dire	ctly or indirectly, his/her par	ticipation in the Field Trip.
of whatever kind	or nature that Newton ma	DEMNIFY Newton against an ay have to pay that arises fro ons while participating in th	
behalf in authorize is injured while p appropriate eme RELEASE and dis	zing and consenting to em articipating in the Field T rgency medical staff at suc	ergency medical care for said rip. This Authorization and C th time as emergency medica and all claims of any nature v	vising said minor to act on our diminor if he/she becomes ill or consent may be presented to the lacare is required. I/We hereby whatsoever, which may arise out
Signature of Pa	rent or Guardian	Date	Relationship
Signature of Pa	rent or Guardian	Date	Relationship
Swimming/Wa	nter Activities Consent a	nd Release from Liability a	nd Indemnity Agreement
details of which	have been provided to m	or program involves swimm e/us. By signing below, I/W ing and/or water activities a	
Signature of Pa	rent or Guardian	Date	Relationship

THIS FORM MAY NOT BE ALTERED