

Beantown Blitz Revere High School Revere, MA October 19, 2019

### **NEWTON PUBLIC SCHOOLS**

100 Walnut Street Newton, MA 02460

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

#### Parent/Guardian

/We,, the undersigne	d parent(s) or guardian(s)	of, do hereby
CONSENT to his/her participation in a day		
Field Trip") planned for Sat Oct 19, 20	19, and sponsored by the N	lewton Public Schools. I/WE
RELEASE and discharge the City of Newto		
hereinafter collectively referred to as "Ne	ewton") from any and all cl	aims, demands, losses or expenses
of whatever kind or nature which I/we ma	ay have or acquire as the pa	arent(s) or guardian(s) of said
ninor arising out of or resulting from, dir	ectly or indirectly, his/her	participation in the Field Trip.
/WE furthermore agree to defend and IN	IDEMNIFY Newton against	any claim, damage, loss or expense
of whatever kind or nature that Newton n		
rossly negligent or reckless acts or omiss		
	F S	
/IA/à hanahar authanina Navetania ammiara	es(a) on escent(a) who is sun	corriging said minor to set on our
/We hereby authorize Newton's employe behalf in authorizing and consenting to en		
s injured while participating in the Field '		
ppropriate emergency medical staff at su		
ELEASE and discharge Newton from any		
of the decision to provide emergency med		e whatsoever, which may arise out
if the decision to provide emergency med	iitai tai e.	
•		
		•
Signature of Parent or Guardian	Date	Relationship
	·	
	•	
Signature of Parent or Guardian	Date	Relationship
Signature of Farent of Guardian	Date	Relationship
		•
Swimming/Water Activities Consent	and Release from Liabilit	v and Indemnity Agreement
owning, water men view consent		y direct middle mining man direct
I/WE understand that this field trip and	/or program involves swim	ming and water activities, the
details of which have been provided to r		
minor child's participation in the swimn		
program.	in the state of th	
F 00		
		200
Signature of Parent or Guardian	Date	Relationship

#### THIS FORM MAY NOT BE ALTERED



### **NEWTON PUBLIC SCHOOLS**

100 Walnut Street Newton, MA 02460

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

#### Parent/Guardian

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I/We,	, the undersigned	parent(s) or guardian(s) of	, do hereby
CONSENT to his	her participation in a day	field trip to NH Kickoff	(hereafter referred to as th
"Field Trip") pla	nned for Sat Jan 4 $20^{20}$	and sponsored by the New	ton Public Schools. I/WE
RELEASE and d	ischarge the City of Newton	and its departments, officer	s, employees, and agents
(hereinafter col	lectively referred to as "Ne	wton") from any and all clain	as, demands, losses or expenses
		y have or acquire as the pare	
		ctly or indirectly, his/her par	
I/WE furthermo	ore agree to defend and INI	EMNIFY Newton against an	y claim, damage, loss or expense
		y have to pay that arises fro	
		ons while participating in the	
P. 0001)		2.12	
Y /YAYà hanabir air	th oning Noveton la amondates	(a) on occupt(a) who is support	ricing said minor to act on our
			vising said minor to act on our diminor if he/she becomes ill or
			onsent may be presented to the
			l care is required. I/We hereby
	o provide emergency medi		vhatsoever, which may arise out
oi me decision t	o provide emergency medi	car care.	
•			
			•
	4		
Signature of P	arent or Guardian	Date	Relationship
		•	
Signature of P	arent or Guardian	Date	Relationship
Curimmina /YA	Vator Activities Consont a	nd Release from Liability a	nd Indomnity Agreement
Swittining/ vi	vater Activities Consent a	nu Kelease II om Liability a	nu muchimity Agreement
I/WE underst	and that this field trin and	or program involves swimm	ing and water activities the
		e/us. By signing below, I/W	
			ssociated with this field trip or
	participation in the swiffin	ing anu/or water activities as	ssociated with this neith trip of
program.			
		· · · · · · · · · · · · · · · · · · ·	
Signature of P	arent or Guardian	Date	Relationship
0			4

THIS FORM MAY NOT BE ALTERED



NE Greater Boston District Revere High School Revere, MA March 27-29 2020

## **NEWTON PUBLIC SCHOOLS**

100 Walnut Street Newton, MA 02460

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

#### Parent/Guardian

I/We,, the undersigned CONSENT to his/her participation in a data "Field Trip") planned for Mar 27-29, 20 RELEASE and discharge the City of Newton (hereinafter collectively referred to as "Not whatever kind or nature which I/we may minor arising out of or resulting from, directly furthermore agree to defend and IN of whatever kind or nature that Newton in grossly negligent or reckless acts or omission of the hereby authorize Newton's employed behalf in authorizing and consenting to each injured while participating in the Field appropriate emergency medical staff at sufficient to provide emergency medical staff at sufficient in the field appropriate emergency medical staff at sufficient in the field appr	and sponsored by the on and its departments, of ewton") from any and all ay have or acquire as the ectly or indirectly, his/he NDEMNIFY Newton agains nay have to pay that arise sions while participating it ee(s) or agent(s) who is summergency medical care for Trip. This Authorization and all claims of any nation	School (hereafter referred to as the Newton Public Schools. I/WE ficers, employees, and agents claims, demands, losses or expenses parent(s) or guardian(s) of said reparticipation in the Field Trip. Set any claim, damage, loss or expenses from said minor's intentional, in the Field Trip.  Appervising said minor to act on our said minor if he/she becomes ill or and Consent may be presented to the edical care is required. I/We hereby
Signature of Parent or Guardian	Date	Relationship
Signature of Parent or Guardian	Date	Relationship
Swimming/Water Activities Consent  I/WE understand that this field trip and details of which have been provided to minor child's participation in the swimm program.	/or program involves swi me/us. By signing below,	mming and water activities, the I/WE hereby CONSENT to my
Signature of Parent or Guardian	Date	Relationship

#### THIS FORM MAY NOT BE ALTERED



#### **NEWTON PUBLIC SCHOOLS**

FIRST Robotics New England Championships West Springfield, MA Apri 8-11 2020 100 Walnut Street Newton, MA 02460

# CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT OVERNIGHT TRIP (IN-STATE AND OUT-OF-STATE) Parent/Guardian

I/We, the under	signed parent(s) or g	uardian(s) of	, a minor, do hereby
CONSENT to his	/her participation in	the LigerBots	_Program educational trip to
West Springfield, M	hereafter referred to	as the "Program"	) planned for
April 8-11 2020	through	•	sponsored by the Newton Public
Schools.	<del>.</del>		

I/We forever RELEASE and discharge the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Program. I/We also RELEASE and discharge Newton from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Program.

I/We furthermore agree to defend and INDEMNIFY against any claim, damage, loss or expense of whatever kind or nature that Newton may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Program.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor, and/or the host family of said minor (if applicable) to act on our behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating in the Program. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required. I/We hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during the Program.

I/We also hereby authorize Newton, acting through the Superintendent of Public Schools or his/her designee, to cancel, reschedule or alter in any other manner the Program whenever he/she determines in his/her sole discretion that such cancellation, rescheduling or alteration is required in order to protect the safety and welfare of said minor. I/We agree to release Newton from any claim for damages or loss that I/we may incur by reason of such cancellation, rescheduling or alteration.

#### CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT OVERNIGHT TRIP (IN-STATE AND OUT-OF-STATE)

Parent/Guardian

Page Two

I/We further authorize Newton's employee(s) or agent(s) who is supervising said minor while participating in the Program to require said minor to comply with any rules, standards of behavior or instructions such employee(s) or agent(s) may reasonably establish. I/We agree that such employee(s) or agent(s) shall have the right to enforce

such rules, standards of behavior or instructions and shall have the further right to terminate said minor's participation in the Program at any time when such employee(s) or agent(s) considers the conduct of said minor incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with said minor's own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or a weapon(s) will constitute grounds for terminating said minor's participation. If said minor's participation is terminated, I/we consent to have said minor sent home in the most expeditious manner without refund at my/our expense. I/We accept in good faith the determination of such employee(s) or agent(s) in all matters relating to the supervision of said minor while in the Program.

Signature of Parent or Guardian	Date	Relationship
Signature of Parent or Guardian	Date	Relationship
Swimming/Water Activities Consent :	and Release from Liab	oility and Indemnity Agreement
I/WE understand that this field trip and details of which have been provided to minor child's participation in the swimm program.	ne/us. By signing belov	v, I/WE hereby CONSENT to my
Signature of Parent or Guardian	Date	Relationship

THIS FORM MAY NOT BE ALTERED



#### **NEWTON PUBLIC SCHOOLS**

FIRST Robotics World Competition Detroit MI, April 28-May 4 2020 100 Walnut Street Newton, MA 02460

# CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT OVERNIGHT TRIP (IN-STATE AND OUT-OF-STATE) Parent/Guardian

I/We, the undersigned parent(s) or guardian(s) of	, a minor, do hereby
CONSENT to his/her participation in the LigerBots	Program educational trip to
Detroit MI (hereafter referred to as the "Program	
April 20 May 4 2020	nd sponsored by the Newton Public
Schools.	

I/We forever RELEASE and discharge the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Program. I/We also RELEASE and discharge Newton from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Program.

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I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor, and/or the host family of said minor (if applicable) to act on our behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating in the Program. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required. I/We hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during the Program.

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Signature of Parent or Guardian	Date	Relationship

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