NEWTON PUBLIC SCHOOLS <u>DAY/EXTENDED LONG DISTANCE TRIP</u> <u>CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT</u> <u>Parent</u>

I/We, the undersigned parent(s) or guaminor, do hereby CONSENT to his/her field trip to FRC WPI Event, Worcester, March 8, 9 and 10th, Schools. I/We RELEASE and dischar officers, employees, and agents (herein any and all claims, damages, losses or may have or acquire as the parent(s) or resulting, directly or indirectly, from some also RELEASE and discharge Newton expenses of whatever kind or nature wor resulting from, directly or indirectly furthermore agree to defend and INDE or expense of whatever kind or nature minor's intentional, grossly negligent, the Field Trip. 1/We hereby authorize Newton's employed act on our behalf in authorizing and confidence in the second of the decision to provide emergency in the decision to provide emergency in the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the decision to provide emergency in the second of the second of the decision to provide emergency in the second of the second	r participation in day or (hereafter 2017, and sponsored rege the City of Newton a after collectively referr expenses of whatever k reguardian(s) of said min aid minor's participation from any and all claims hich said minor may ha his/her participation in EMNIFY Newton agains that Newton may have for reckless acts or omis oyee(s) or agent(s) who meaning to emergency the participating in the File esented to the appropriate re is required. I/We here aims of any nature what	by the Newton Public and its departments, ed to as "Newton"), from ind or nature which I/we nor arising out of or in the Field Trip. I/We st any claim, damage, loss to pay that arises from said sions while participating in is supervising said minor to medical care for said minor eld Trip. This te emergency medical staff eby RELEASE and
Signature of Parent or Guardian	Date	Relationship
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THIS FORM MAY NOT BE ALTERED Revised: 9/02

The superintendent reserves the right to cancel any field trip up until the time of departure.