

100 Walnut Street Newton, MA 02460

#### <u>DAY FIELD TRIP</u> CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

### Parent/Guardian

	1.2		
I/We,	the undersigned p	arent(s) or guardian(s)	of, do hereby
,	participation in a day fie		
			Newton Public Schools. I/WE
			icers, employees, and agents
(hereinafter collectiv	ely referred to as "Newt	con") from any and all c	laims, demands, losses or expenses
			parent(s) or guardian(s) of said
minor arising out of o	or resulting from, direct	ly or indirectly, his/her	participation in the Field Trip.
of whatever kind or r		have to pay that arises	t any claim, damage, loss or expense from said minor's intentional, In the Field Trip.
behalf in authorizing is injured while parti appropriate emergen RELEASE and discha	and consenting to emer cipating in the Field Trip icy medical staff at such	gency medical care for b. This Authorization ar time as emergency med d all claims of any natu	pervising said minor to act on our said minor if he/she becomes ill or nd Consent may be presented to the dical care is required. I/We hereby re whatsoever, which may arise ou
Signature of Parent	or Guardian '	Date	Relationship
		•	
Signature of Parent	or Guardian	Date	Relationship
Swimming/Water	Activities Consent and	l Release from Liabilí	ty and Indemnity Agreement
details of which have	ve been provided to me	us. By signing below, l	mming and water activities, the //WE hereby CONSENT to my es associated with this field trip or
and the second s			• 
Signature of Parent	or Guardian	Date	Relationship

### THIS FORM MAY NOT BE ALTERED



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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 Sat Jan 6 201	8, and sponsored by the New	ton Public Schools. I/WE
		and its departments, officers	
(hereinafter coll	lectively referred to as "Ne	wton") from any and all claim	is, demands, losses or expenses
		y have or acquire as the pare	
minor arising ou	ıt of or resulting from, dire	ctly or indirectly, his/her par	ticipation in the Field Trip.
of whatever kind	d or nature that Newton m	DEMNIFY Newton against any ay have to pay that arises from 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 w	rising said minor to act on our lainnor if he/she becomes ill or onsent may be presented to the lare is required. I/We hereby whatsoever, which may arise out
Signature of P	arent or Guardian '	Date	Relationship
Signature of Pa	arent or Guardian	Date	Relationship
Swimming/W	ater Activities Consent a	nd Release from Liability a	nd Indemnity Agreement
details of whic	h have been provided to m	or program involves swimmi e/us. By signing below, I/Wi ing and/or water activities as	
Signature of P	arent or Guardian	Date	Relationship
Digitatare of F	arone or duditului		Toutionip

THIS FORM MAY NOT BE ALTERED



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### Parent/Guardian

"Field Trip") planner RELEASE and disch (hereinafter collect of whatever kind or minor arising out or I/WE furthermore a of whatever kind or	ed for Apr 6-8, 2018 arge the City of Newton a lively referred to as "New nature which I/we may for resulting from, direct agree to defend and IND	ield trip to <u>Greater Bo</u> , and sponsored by the and its departments, iton") from any and a have or acquire as the ly or indirectly, his/lemnIFY Newton againg that are	oston District (hereafter referred to the Newton Public Schools. I/WE officers, employees, and agents ll claims, demands, losses or expense parent(s) or guardian(s) of said ther participation in the Field Trip. inst any claim, damage, loss or exposes from said minor's intentional,	as th
behalf in authorizing is injured while par appropriate emerge RELEASE and disch	g and consenting to eme ticipating in the Field Tri ency medical staff at such	rgency medical care l ip. This Authorization i time as emergency i nd all claims of any na	supervising said minor to act on offer said minor if he/she becomes in and Consent may be presented to medical care is required. I/We hereature whatsoever, which may arise	ill or o the reby
Signature of Pare	nt or Guardian '	Date	Relationship	
Signature of Pares	nt or Guardian	Date	Relationship	
Swimming/Wate	er Activities Consent an	d Release from Liab	pility and Indemnity Agreement	- :
details of which h	ave been provided to me	/us. By signing below	wimming and water activities, the w, I/WE hereby CONSENT to my rities associated with this field trip	
Signature of Paren	nt or Guardian	Date	Relationship	*

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### Parent/Guardian

	* *		
I/We,	, the undersigned	parent(s) or guardian(s) of	, do hereby
	er participation in a day		(hereafter referred to as th
"Field Trip") plann	ed for Apr 11-14 , 201	8, 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	as, demands, losses or expenses
		y have or acquire as the pare	
		ctly or indirectly, his/her par	
of whatever kind o	r nature that Newton ma	DEMNIFY Newton against any ay have to pay that arises from ons while participating in the	
behalf in authorizi is injured while pa appropriate emerg RELEASE and discl	ng and consenting to em rticipating in the Field T 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	er Activities Consent a	nd Release from Liability a	nd Indemnity Agreement
details of which l	nave been provided to m	or program involves swimming e/us. By signing below, I/Wing and/or water activities as	
Signature of Pare	ent or Guardian	Date	Relationship
Digitation of Fare	ar or during	Date	Totationinp

THIS FORM MAY NOT BE ALTERED