

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 hanabre queb anima Novertania annulare	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 our
if the decision to provide emergency med	iitai tai e.	
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Signature of Parent or Guardian	Date	Relationship
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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		
		201
Signature of Parent or Guardian	Date	Relationship

THIS FORM MAY NOT BE ALTERED



NEWTON PUBLIC SCHOOLS

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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
			ns, 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	
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Y /YAYà hanabir air	th oning Noveton la amondates	(a) or occupt(a) who is support	ricing said minor to act on our
			vising said minor to act on our
			I minor 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.	
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			•
	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

NE FIRST District Championships West SpringfieldI April 8-11

NEWTON PUBLIC SCHOOLS

100 Wainut Street Newton, MA 02460

OVERNIGHT TRIP CONSENT FORM & RELEASE FROM LIABILITY Adult Student

being 18 years of age or older, do 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, demands, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting from, directly or indirectly, my participation in the LigerBots Robotics Program educational trip to West Springfield MA (hereafter referred to as the "Field Trip") planned for April 8-11 , 2020, and sponsored by the Newton Public Schools.
In the event that I am unable to act for myself, I hereby authorize Newton's employee(s) or agent(s) who is supervising the Program and/or my host family (if applicable) to act on my behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization if I become ill or am 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 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 also hereby authorize Newton, acting through its 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 my safety and welfare. I agree to release Newton from any claim for damages or loss that I may incur by reason of such cancellation, rescheduling or alteration.
I further agree to comply with any rules, standards of behavior or instructions Newton's employee(s) or agent(s) who is supervising my participation in the Program may reasonably establish. I 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 my participation in the Program at any time when such employee(s) or agent(s) considers my conduct incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with my own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or a weapon(s) will constitute grounds for terminating my participation. I also agree that if my participation is terminated for any of the foregoing reasons, such employee(s) or agent(s) may, but is not required to, arrange my return home at my expense and without refund. I agree to accept the determination of such employee(s) or agent(s) in all matters relating to my participation while participating in the Program.
Student Name (please print) Student Signature Date of Birth Date
If the field trip involves swimming and/or water activities, specific consent is required below for a student to participate.
Swimming/Water Activities Consent and Release from Liability and Indemnity Agreement
I/ understand that this field trip and/or program involves swimming and water activities, the details of which have been provided to me. By signing below, I hereby CONSENT to my participation in the swimming and/or water activities associated with this field trip or program.
Student Name (please print) Student Signature Date of Birth Date

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First Robotics Competition (FRC) World Championships Detroit, MI April 28-May 4 2019 100 Walnut Street Newton, MA 02460

OVERNIGHT TRIP CONSENT FORM & RELEASE FROM LIABILITY Adult Student

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In the event that I am unable to act for myself, I hereby authorize Newton's employee(s) or agent(s) who is supervising the Program and/or my host family (if applicable) to act on my behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization if I become ill or am 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 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 also hereby authorize Newton, acting through its 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 my safety and welfare. I agree to release Newton from any claim for damages or loss that I may incur by reason of such cancellation, rescheduling or alteration.
I further agree to comply with any rules, standards of behavior or instructions Newton's employee(s) or agent(s) who is supervising my participation in the Program may reasonably establish. I 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 my participation in the Program at any time when such employee(s) or agent(s) considers my conduct incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with my own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or a weapon(s) will constitute grounds for terminating my participation. I also agree that if my participation is terminated for any of the foregoing reasons, such employee(s) or agent(s) may, but is not required to, arrange my return home at my expense and without refund. I agree to accept the determination of such employee(s) or agent(s) in all matters relating to my participation while participating in the Program.
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