

100 Walnut Street Newton, MA 02460

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

Parent/Guardian

We,, the undersigned consent to his/her participation in a data rield Trip") planned for October 19, 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, discovered when the company of whatever kind or nature that Newton is grossly negligent or reckless acts or omist when the company of the hereby authorize Newton's employ behalf in authorizing and consenting to easy injured while participating in the Field appropriate emergency medical staff at states. The consenting to the decision to provide emergency medical from any of the decision to provide emergency medical staff at staff at section to provide emergency medical staff at some consenting to the decision to provide emergency medical staff at section to provide emer	020, and sponsored by the on and its departments, of Newton") from any and all nay have or acquire as the rectly or indirectly, his/he NDEMNIFY Newton again may have to pay that arise ssions while participating ree(s) or agent(s) who is somergency medical care for Trip. This Authorization as emergency may and all claims of any nat	Blitz (hereafter referred to as the Newton Public Schools. I/WE fficers, employees, and agents claims, demands, losses or expenses parent(s) or guardian(s) of said er participation in the Field Trip. st any claim, damage, loss or expenses from said minor's intentional, in the Field Trip. upervising said minor to act on our r said minor if he/she becomes ill our and Consent may be presented to the edical care is required. I/We hereby
	uitai tai e .	•
Signature of Parent or Guardian '	Date	Relationship
Signature of Parent or Guardian	Date	Relationship
Swimming/Water Activities Consent	and Release from Liabi	lity and Indemnity Agreement
I/WE understand that this field trip and details of which have been provided to minor child's participation in the swim program.	me/us. By signing below,	. I/WE hereby CONSENT to my
Signature of Parent or Guardian	Date	Relationship

THIS FORM MAY NOT BE ALTERED



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Parent/Guardian

I/We,, the u CONSENT to his/her participati "Field Trip") planned for Januar RELEASE and discharge the City (hereinafter collectively referre of whatever kind or nature whice minor arising out of or resulting I/WE furthermore agree to defect of whatever kind or nature that grossly negligent or reckless act I/We hereby authorize Newton behalf in authorizing and consect is injured while participating in	ry 4, 2020, and sponsored by y of Newton and its department of to as "Newton") from any and ch I/we may have or acquire as g from, directly or indirectly, his end and INDEMNIFY Newton as a Newton may have to pay that a ts or omissions while participates or semployee(s) or agent(s) who noting to emergency medical car	off (hereafter ret the Newton Public School is, officers, employees, and it all claims, demands, losse the parent(s) or guardiants/her participation in the Figainst any claim, damage, larises from said minor's inting in the Field Trip. is supervising said minor it for said minor if he/she	Is. I/WE agents es or expenses (s) of said Field Trip. oss or expense tentional, to act on our becomes ill or
appropriate emergency medical RELEASE and discharge Newtor of the decision to provide emerg	l staff at such time as emergenc n from any and all claims of any	y medical care is required.	. I/We hereby
Signature of Parent or Guardia	an Date	Relationship	
Signature of Parent or Guardia	an Date	Relationship	
Swimming/Water Activities	Consent and Release from Li	ability and Indemnity Ag	greement
details of which have been pro	ld trip and/or program involved ovided to me/us. By signing be the swimming and/or water ac	low, I/WE hereby CONSEN	IT to my
Signature of Parent or Guardia	an Date	Relationship	<u> </u>

THIS FORM MAY NOT BE ALTERED



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

Parent/Guardian

I/We,, the undersign CONSENT to his/her participation in a da "Field Trip") planned for March 27-29, 20 RELEASE and discharge the City of Newt (hereinafter collectively referred to as "Nof whatever kind or nature which I/we minor arising out of or resulting from, di I/WE furthermore agree to defend and I of whatever kind or nature that Newton grossly negligent or reckless acts or omis I/We hereby authorize Newton's employ behalf in authorizing and consenting to e is injured while participating in the Field appropriate emergency medical staff at set the decision to provide emergency medical from an of the decision to provide emergency medical staff at set th	0.20 and sponsored by the Non and its departments, officewton") from any and all clansy have or acquire as the prectly or indirectly, his/her NDEMNIFY Newton against may have to pay that arises ssions while participating in eee(s) or agent(s) who is supermergency medical care for such time as emergency medical care and all claims of any nature.	(hereafter referred to as the lewton Public Schools. I/WE cers, employees, and agents aims, demands, losses or expenses arent(s) or guardian(s) of said participation in the Field Trip. any claim, damage, loss or expense from said minor's intentional, the Field Trip. Dervising said minor to act on our said minor if he/she becomes ill or d Consent may be presented to the lical care is required. I/We hereby
Signature of Parent or Guardian '	Date	Relationship
Signature of Parent or Guardian	Date	Relationship
Swimming/Water Activities Consent	t and Release from Liabilit	y and Indemnity Agreement
I/WE understand that this field trip and details of which have been provided to minor child's participation in the swim program.	me/us. By signing below, I	/WE hereby CONSENT to my
Signature of Parent or Guardian	Date	Relationship

THIS FORM MAY NOT BE ALTERED



100 Walnut Street Newton, MA 02460

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

Parent/Guardian

J/We,, the undersigne CONSENT to his/her participation in a day Field Trip") planned for April 8-11, 20 RELEASE and discharge the City of Newto Thereinafter collectively referred to as "New of 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 may rossly negligent or reckless acts or omissed when the participating in the Field of the propriate emergency medical staff at such the decision to provide emergency medical staff at such the decision to provide emergency medical staff at such the decision to provide emergency medical staff at such the decision to provide emergency medical staff at such the decision to provide emergency medical staff at such the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision to provide emergency medical staff at such that the decision that the dec	y field trip to DCMP, W. Spr 20, and sponsored by the n and its departments, of ewton") from any and all ay have or acquire as the ectly or indirectly, his/h IDEMNIFY Newton again any have to pay that aristions while participating se(s) or agent(s) who is somergency medical care for Irip. This Authorization and all claims of any na	e Newton Public Schools. I/WE officers, employees, and agents I claims, demands, losses or expense parent(s) or guardian(s) of said er participation in the Field Trip. Instany claim, damage, loss or expenses from said minor's intentional, in the Field Trip. Supervising said minor to act on our said minor if he/she becomes ill and Consent may be presented to the dical care is required. I/We herely	r or or by
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Signature of Parent or Guardian '	Date	Relationship .	
Signature of Parent or Guardian	Date	Relationship	
Swimming/Water Activities Consent	and Release from Liab	ility and Indemnity Agreement	
I/WE understand that this field trip and details of which have been provided to minor child's participation in the swimn program.	ne/us. By signing below	, I/WE hereby CONSENT to my	r
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