



NEWTON PUBLIC SCHOOLS

Battle Cry Competition, WPI, Worcester MA
May 19-20, 2018

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 _____
Worcester MA (hereafter referred to as the "Program") planned for _____
May 19-20 2018 through _____, 20____, and 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.

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 Liability and Indemnity Agreement

I/WE understand that this field trip and/or program involves swimming and water activities, the details of which have been provided to me/us. By signing below, I/WE hereby CONSENT to my minor child's participation in the swimming and/or water activities associated with this field trip or program.

Signature of Parent or Guardian

Date

Relationship

THIS FORM MAY NOT BE ALTERED

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



Battle Cry Competition, WPI, Worcester MA
May 19-20 2018

NEWTON PUBLIC SCHOOLS

100 Walnut Street
Newton, MA 02460

OVERNIGHT TRIP CONSENT FORM & RELEASE FROM LIABILITY

Adult Student

I, _____, 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 Worcester MA _____ (hereafter referred to as the "Field Trip") planned for May 19-20, 2018, 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

THIS FORM MAY NOT BE ALTERED
The superintendent reserves the right to cancel any field trip up until the time of departure.

OVERNIGHT FIELD TRIP MEDICAL FORM

FOR ALL IN-STATE, OUT-OF-STATE, AND INTERNATIONAL TRIPS

Student Emergency Contact and Medical Information

Child's Name (Last, First, Middle)		Date of Birth		M	F
				Gender	
Parent/Guardian Name			Parent/Guardian Name		
Home Phone	Cell Phone	Home Phone	Cell Phone		
Address			Address		
City, State ZIP Code			City, State ZIP Code		

Alternate Emergency Contacts

If parent(s)/guardian(s) are not immediately available.

Primary Emergency Contact			Secondary Emergency Contact		
Relationship to Student			Relationship to Student		
Home Phone	Cell Phone	Home Phone	Cell Phone		
Address			Address		
City, State ZIP Code			City, State ZIP Code		

Health Information

Provide detailed information on the following pages as this form will be used should your child require emergency medical care.

Attach to this form:

- 1) Student's immunization record
- 2) Student's health insurance card(s)

MEDICATION

- All prescription medication must be in a pharmacy-labeled container.
- All over-the-counter medication must be in the manufacturer's container.

SELECT A or B FOR ADMINISTRATION OF MEDICATION

A. Medication to be Administered by Staff

List all medication (prescription and over-the-counter) to be administered by staff

NAME OF MEDICATION	DOSE	TIME TO BE GIVEN	NUMBER OF DOSES PER DAY	POSSIBLE SIDE EFFECTS

Consent and Release – Medication to be Administered by Staff

My child will NOT carry over-the-counter or, prescription medication on this field trip.

I/We, the undersigned parent(s)/guardian(s), give permission to the field trip teacher(s)/chaperone(s) to administer the above medication to my child or to supervise my child in taking the above medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton Public Schools, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

 Parent/Guardian Signature Parent/Guardian Name (Please print) Date

B. Medication to be Administered by Student (Self-administered)

List all medication (prescription and over-the-counter) to be administered by student (Self-administered)

NAME OF MEDICATION	DOSE	TIME TO BE GIVEN	NUMBER OF DOSES PER DAY	POSSIBLE SIDE EFFECTS

Consent and Release Medication to be Administered by Student (Self-administered)

I/We, the undersigned parent(s)/guardian(s) give permission for my child to self-administer the above medication and understand that no Newton Public Schools (NPS) employee will be administering the medication. If my child is residing with a host family without any NPS staff, I understand that NPS will not be supervising my child's self-administration of medication. I agree to release, indemnify and hold harmless the City of Newton, the Newton School Committee and their employees and agents from and against any claim either I or my child may have as a result of any act or omission which may arise out of this authorization.

 Parent/Guardian Signature Parent/Guardian Name (Please print) Date