

100 Walnut Street Newton, MA 02460

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

## 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
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THIS FORM MAY NOT BE ALTERED



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## Parent/Guardian

	* *		
I/We,	, the undersigned	parent(s) or guardian(s)	of, do hereby
			strict (hereafter referred to as th
"Field Trip") pla	anned for March 16-18, 201	8, and sponsored by the N	ewton Public Schools. I/WE
RELEASE and d	ischarge the City of Newton	and its departments, offic	ers, employees, and agents
(hereinafter col	lectively referred to as "Ne	wton") from any and all cla	ims, demands, losses or expenses
			rent(s) or guardian(s) of said
minor arising o	ut of or resulting from, dire	ctly or indirectly, his/her p	participation in the Field Trip.
of whatever kin		ay have to pay that arises f	any claim, damage, loss or expense rom said minor's intentional, the Field Trip.
behalf in author is injured while appropriate em RELEASE and d	rizing and consenting to em participating in the Field T ergency medical staff at suc	ergency medical care for s rip. This Authorization and th time as emergency medi and all claims of any nature	ervising said minor to act on our aid minor if he/she becomes ill or I Consent may be presented to the ical care is required. I/We hereby e whatsoever, which may arise out
Signature of P	arent or Guardian '	 Date	Relationship
Signature of P	arent or Guardian	Date	Relationship
Swimming/V	Vater Activities Consent a	nd Release from Liability	y and Indemnity Agreement
details of which	ch have been provided to m	e/us. By signing below, I/	ming and water activities, the WE hereby CONSENT to my s associated with this field trip or
Signature of P	arent or Guardian	Date	Relationship
_			-

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