



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**

I/We, \_\_\_\_\_, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, do hereby CONSENT to his/her participation in a day field trip to Revere High School (hereafter referred to as the "Field Trip") planned for Sat Oct 19, 2019, and sponsored by the Newton Public Schools. I/WE 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/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting from, directly or indirectly, his/her participation in the Field Trip. I/WE furthermore agree to defend and INDEMNIFY Newton 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 Field Trip.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care 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.

_____ 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.



# 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 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 the "Field Trip") planned for Sat Jan 4, 20<sup>20</sup>, and sponsored by the Newton Public Schools. I/WE 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/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting from, directly or indirectly, his/her participation in the Field Trip.

I/WE furthermore agree to defend and INDEMNIFY Newton 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 Field Trip.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care 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.

_____ 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.



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 parent(s) or guardian(s) of \_\_\_\_\_, do hereby CONSENT to his/her participation in a day field trip to Revere High School (hereafter referred to as the "Field Trip") planned for Mar 27-29, 2020, and sponsored by the Newton Public Schools. I/WE 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/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting from, directly or indirectly, his/her participation in the Field Trip.

I/WE furthermore agree to defend and INDEMNIFY Newton 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 Field Trip.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care 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.

_____ 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.



**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 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



**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 Detroit, MI \_\_\_\_\_ (hereafter referred to as the "Field Trip") planned for April 28-May 4, 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