## NEWTON PUBLIC SCHOOLS <u>DAY/EXTENDED LONG DISTANCE TRIP</u> <u>CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT</u> <u>Parent</u>

minor do haraby CONSENT to his/ho	. ,	or avtanded long distance
minor, do hereby CONSENT to his/he field trip to <u>Boston Harbor Cri</u> Trip") planned for <u>Friday, May 30</u> . Schools. I/We RELEASE and discharofficers, employees, and agents (hereir any and all claims, damages, losses or may have or acquire as the parent(s) or resulting, directly or indirectly, from salso RELEASE and discharge Newton expenses of whatever kind or nature w or resulting from, directly or indirectly furthermore agree to defend and INDE or expense of whatever kind or nature minor's intentional, grossly negligent, or	(hereafte, 2014, and sponsore rege the City of Newton after collectively references of whatever reguardian(s) of said maid minor's participation from any and all claim hich said minor may here participation (MNIFY Newton again that Newton may have	er referred to as the "Field ed by the Newton Public in and its departments, erred to as "Newton"), from kind or nature which I/we ininor arising out of or on in the Field Trip. I/We inst, damages, losses or nave or acquire arising out of in the Field Trip. I/We inst any claim, damage, loss in the pay that arises from said
the Field Trip.  I/We hereby authorize Newton's emploact on our behalf in authorizing and co if he/she becomes ill or is injured while Authorization and Consent may be preat such time as emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency medical cardischarge Newton from any and all class of the decision to provide emergency m	onsenting to emergence e participating in the I esented to the appropri e is required. I/We have tims of any nature what	y medical care for said minor Field Trip. This ate emergency medical staff ereby RELEASE and
Signature of Parent or Guardian	Date	Relationship
Signature of Parent or Guardian	Date	Relationship

THIS FORM MAY NOT BE ALTERED Revised: 9/02

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