

Class of 2021 Black Light Bash!



When?

Friday, May 3. 6:30-10:00 PM

Where?

Newton South High School
Student Center/Cafeteria

**There will be free pizza, popcorn, cotton candy, a bouncy house,
and much more!**

Lights, DJ, music, and dancing!

Be sure to wear white so you glow!

Cost?

\$25 4/22 - 4/26 (Week after April Vacation)

\$30 4/29 - 5/3 (Week leading up to Black Light Bash)

Includes Food and Drink. Cash or Checks payable to NSHS Class of 2021

**Hand in the attached permission slip and money to your house office to
buy tickets**



NEWTON PUBLIC SCHOOLS

100 Walnut Street
Newton, MA 02460

Class of 2021 Black Light Bash

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 Black Light Bash (hereafter referred to as the "Field Trip") planned for May 3rd, 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

THIS FORM MAY NOT BE ALTERED

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