**NEWTON PUBLIC SCHOOLS**
100 Walnut Street
Newton, MA 02460

***CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT***
OVERNIGHT TRIP (IN-STATE, OUT-OF-STATE, INTERNATIONAL)
***Parent/Guardian***

I/We, the undersigned parent(s) or guardian(s) of_____, a minor, do hereby CONSENT to their participation in the _____Program educational trip to_____ _____ (hereafter referred to as the "Program") planned for_____ _____ 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.

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 |
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| 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 |
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THIS FORM MAY NOT BE ALTERED

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