

NEWTON PUBLIC SCHOOLS
DAY/EXTENDED LONG DISTANCE 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 a day or extended long distance field trip to _____ (hereafter referred to as the "Field Trip") planned for _____, 20____, 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 Field Trip to act on my behalf in authorizing and consenting to emergency medical care if I become ill or am 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 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 during the Field Trip.

Student

Date

Date of Birth