

DAY FIELD 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 Name (please print)	Student Signature	Date of Birth
Date		

**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
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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.