NEWTON PUBLIC SCHOOLS
OVERNIGHT/INTERNATIONAL 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 the _____ Program educational trip to _____ (hereafter referred to as the "Program") planned for _____ through _____, 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 Program and/or my host family (if applicable) to act on my behalf in authorizing and consenting to emergency medical care including surgery, if necessary, dental care, and/or hospitalization if I become ill or am 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 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 also hereby authorize Newton, acting through its 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 my safety and welfare. I agree to release Newton from any claim for damages or loss that I may incur by reason of such cancellation, rescheduling or alteration.

I further agree to comply with any rules, standards of behavior or instructions Newton's employee(s) or agent(s) who is supervising my participation in the Program may reasonably establish. I 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 my participation in the Program at any time when such employee(s) or agent(s) considers my conduct incompatible with the interest, harmony, comfort or welfare of the other participants in the Program or with my own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or a weapon(s) will constitute grounds for terminating my participation. I also agree that if my participation is terminated for any of the foregoing reasons, such employee(s) or agent(s) may, but is not required to, arrange my return home at my expense and without refund. I agree to accept the determination of such employee(s) or agent(s) in all matters relating to my participation while participating in the Program.

_____	_____	_____
Student	Date	Date of Birth

THIS FORM MAY NOT BE ALTERED
Revised: 6/02