IJOA-R1b Field Trip Consent-Release Form Overnight

HOPKINTON PUBLIC SCHOOLS

Field Trip (Overnight)

Consent Form, Release from Liability & Indemnity Agreement

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby

CONSENT to his/her participation in the trip to _____ (hereafter referred to

as the **Field Trip**) planned for _____ through _____, 20___,
Date *Date*

with transportation provided by _____ and sponsored by the Hopkinton Public Schools.
(ex. charter bus, school bus, walking, private auto)

I/We forever RELEASE and discharge the Town of Hopkinton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Hopkinton"), 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 Field Trip. I/We also RELEASE and discharge Hopkinton 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 Field Trip.

I/We furthermore agree to defend and INDEMNIFY against any claim, damage, loss or expense of whatever kind or nature that Hopkinton 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 Hopkinton'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 Field Trip. 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 Hopkinton 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 Field Trip.

I/We also hereby authorize Hopkinton, acting through the Superintendent of Public Schools or his/her designee, to cancel, reschedule or alter in any other manner the Field Trip 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 Hopkinton from any claim for damages or loss that I/we may incur by reason of such cancellation, rescheduling or alteration.

I/We further authorize Hopkinton's employee(s) or agent(s) who is supervising said minor while participating in the Field Trip 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 Field Trip 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 Field Trip or with said minor's own safety or welfare. Possession, sale, distribution or use of illegal drugs, alcohol or a weapon(s) will automatically 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 on the Field Trip.

☐My child requires special accommodations _____ If medical, contact school nurse.
State accommodation on line above or contact the principal.

_____	_____	_____
Signature of Parent or Guardian	Date	Relationship
_____	_____	_____
Signature of Parent or Guardian	Date	Relationship

This Form May Not Be Altered