

WESTON HIGH SCHOOL
PARENT

CLASS EVENT CONSENT FORM, RELEASE

FROM LIABILITY AND INDEMNITY AGREEMENT

I/We, the undersigned parent(s) or guardian(s) of _____, a
minor, do hereby CONSENT to his/her participation in the _____

field trip/class event to _____ planned for _____ 20____, and
sponsored by the Weston Public Schools.

I/We forever RELEASE and discharge the Town of Weston and its departments, officers, employees, and agents (hereinafter collectively referred to as "Weston"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquired as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in this field trip. I/We also RELEASE and discharge Weston 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 this field trip.

I/We furthermore agree to defend and INDEMNIFY against any claims, damage, loss or expense of whatever kind or nature that Weston may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in this field trip.

I/We further authorize Weston's employee(s) or agent(s) who is supervising said minor while participating in this 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 including those outlined in the Weston High School Student/Parent Handbook.

I/We hereby authorize Weston 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, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating on 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 Weston 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 this field trip.

I/We give permission for delegated school personnel to administer required prescribed medication during the field trip.

Signature of Parent or Guardian	Date	Relationship
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Please list any allergies, required medications or limitations _____

Emergency Telephone Number(s) _____
