

**Newton Parks and Recreation Department Centre Acres Summer Program
Medical Release Form - 2010**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached, I hereby authorize the Centre Acres Summer Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Centre Acres Summer Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s) *Date*

Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Centre Acres Summer Program

I/We, the undersigned father and mother, or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Centre Acres Summer Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Centre Acres Summer Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Centre Acres Summer Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Centre Acres Summer Program.

Signature of Parent(s)/Guardian(s) *Relationship* *Date*

Witness

THIS FORM MAY NOT BE ALTERED

Centre Acres Summer Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Centre Acres Summer Program. I understand that photo's may be published in local papers or in future brochures for the Newton Parks and Recreation Department and the Centre Acres Summer Program.

Signature of Parent(s)/Guardian(s) *Date*