

NEWTON PARKS AND RECREATION DEPARTMENT

RELEASE

Kids Korner Summer Program

I/We, the undersigned, as parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in and field trips with the Kids Korner Summer Program. In signing this consent, I/we do 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 not 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 the Kids Korner Summer Program. FURTHERMORE, I/we hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any claim 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 the said Kids Korner Summer Program and/or field trips with the Kids Korner 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 costs, including attorney's fees, the City or its representatives may have to pay if any litigations arise from said minor's participation in the said Kids Korner Summer Program.

\_\_\_\_\_  
SIGNATURE OF PARENT(S) OR GUARDIAN(S)

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

**THIS FORM MAY NOT BE ALTERED**

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NEWTON PARKS AND RECREATION DEPARTMENT  
MEDICAL RELEASE AUTHORIZATION & CONSENT FORM

I/We understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child (Child's Name)\_\_\_\_\_.

However, if I/We cannot be reached, I/We hereby authorize the KIDS KORNER SUMMER PROGRAM to transport my child to Newton-Wellesley Hospital, or \_\_\_\_\_ Hospital, or nearest hospital (via Ambulance Service), to secure for my child the necessary medical treatment.

I/We understand that designated staff members at KIDS KORNER SUMMER PROGRAM are trained in the basics of First Aid, and Cardiopulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

\_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH INSURANCE CO:

\_\_\_\_\_  
CHILD'S POLICY #

\_\_\_\_\_  
PHYSICIAN'S NAME

\_\_\_\_\_  
PHYSICIANS PHONE #

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PHOTO RELEASE

I/We hereby grant permission for my child's picture to be taken with the possibility of its being published, reproduced, or otherwise used for publicity, educational, or other purposes related to the KIDS KORNER SUMMER PROGRAM.

**CIRCLE ONE**

YES

NO

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE