*2024 AASP Summer Camp*

*Arlington Public Schools Field Trip Parental Consent,*

*Release from Liability and Indemnity Agreement*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We the undersigned father and mother or guardian(s) of A minor, do hereby consent to his/her participation in voluntary field trips and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Arlington, a municipal corporation of the State 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 we/I may now or hereafter have as the parents(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire either before or after he/she has reached his/her majority resulting or to result from his/her participation in a Arlington Public Schools field trip. FURTHERMORE, we/I hereby agree to protect the Town of Arlington and its successors, departments, officers, employees, servants, and agents, against any 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 a Arlington Public Schools field trip voluntary program, and to INDEMNIFY, reimburse or make good to the Town of Arlington or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney’s fees, the Town or its representatives may have to pay if any litigation arises from said minor’s intentional, grossly negligent, or reckless acts or omissions while participating in said field trips.

AASP field trips are subject to change.

*Please circle desired weeks*

Wk. 1 - July 1 - July 3 (Closed July 4-5) Breakheart, Crane’s Estate

Wk. 2 - July 8 - Jul 12 Houghton’s Pond, Water Country, Wachusett Mountain, Beaver Brook

Wk. 3 - Jul 15 - Jul 19 Breakheart, Blue Hills Reservation, Rodger Williams Zoo, Stage Fort

Wk. 4 - Jul 22 – July 26 Houghton’s Pond, Harbor Islands, Decordova Sculpture Park, Beaver Brook

Wk. 5 – July 29 - Aug 2 Breakheart, Children’s Museum, Franklin Park Zoo, Stage Fort

Wk. 6 - Aug 5 – 9 Houghton’s Pond, Ward’s Berry Farm, Canobie Lake Park, Beaver Brook

Wk. 7 - Aug 12 - 16 Breakheart, Sea Coast Science Center, Eco Tarium, Great Brook State Park

I give permission for summer camp to apply sunscreen to my child up to 3 times per day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will be traveling by bus.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of Parent(s) or Guardian(s) Relationship Date

**Male \_\_\_ Female\_\_\_** Telephone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_ Grade in Fall\_\_\_\_\_\_\_\_\_\_ **(A copy of the birth certificate may be required)**

**Parent email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my child can walk home at \_\_ pm or after a telephone call** *(sign)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternative pick up person - name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **IN CASE OF EMERGENCY CALL**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Telephone # Relationship**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Telephone # Relationship**