

***ENVIRONMENTAL SCIENCE PROGRAM
NEWTON CONSERVATION COMMISSION***

CONSENT FORM & RELEASE FROM LIABILITY
Adult Student

I, _____, being 18 years of age or older, do forever RELEASE and discharge the City of Newton and its commissions, including the Newton Conservation Commission, its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton") from any and all claims, demands, losses or expenses of whatever kind or nature which I may have or acquire arising out of or resulting from, directly or indirectly, my participation in the Environmental Science Program. I furthermore agree to defend and INDEMNIFY Newton against any claim, damage, loss or expense of whatever kind or nature that Newton may have to pay that arise from my intentional, grossly negligent, or reckless acts or omissions while participating in the Environmental Science Program.

In the event that I am unable to act for myself, I hereby authorize Newton's employee(s) or agent(s) who is supervising the Environmental Science Program to act on my behalf in authorizing and consenting to emergency medical care if I become ill or am injured while participating in the Environmental Science Program. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I hereby RELEASE and discharge Newton from any and all claims of any nature whatsoever which may arise out of the decision to provide emergency medical care during the Environmental Science Program.

Student

Date

Date of Birth