

Newton Community Farm
Farmer in Training Summer Program

CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT
Parent or Guardian

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby CONSENT to his/her participation in the Newton Community Farm's ***Farmer in Training*** (hereafter referred to as the "FiT") for the week of _____, 20____. I/We RELEASE and discharge the Newton Community Farm, Inc., the City of Newton and its departments, officers, employees, and agents (hereinafter collectively referred to as "Newton"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the FiT program. I/We also RELEASE and discharge Newton 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 the FiT program. I/We 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 arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the FiT program.

I/We hereby authorize Newton's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the FiT program. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge Newton Community Farm and Newton from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

Signature of Parent or Guardian	Date	Relationship
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MEDICAL INFORMATION FORM

Student's Name _____

Age, Grade, Gender _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Pager _____

Email _____

Medical Insurance Provider: _____

Medical Insurance Policy: _____

Policy #: _____

Primary Subscriber of Medical/Health Policy: _____

Name of Student's Health Care Provider _____ Phone # _____

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If parent/guardian not available in emergency, please notify:

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

Relationship _____ Relationship _____

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Health History

Please list any and all chronic or recurring illnesses:

Please list any and all allergies, or drug sensitivity and instructions pertaining to their administration:

Please list any and all activities from which your child is to be restricted:

