



2024 FIELD CREW HIGH SCHOOL INTERN PROGRAM

REQUIRED FORMS

PART 1 - CONSENT FORM, RELEASE FROM LIABILITY & INDEMNITY AGREEMENT

- I/We, the undersigned parent(s), guardian(s), or individual (18 years or older) of _____, do hereby CONSENT to his/her participation in Newton Community Farm’s Field Crew Internship Program for High School Students (hereafter referred to as the “Intern”) for the weeks of _____, 2024.
- 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 Intern 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 Intern 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 Intern 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 Intern 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, Guardian, or Individual (18 years or older) | Relationship | Date |
|--|--------------|------|

| | | |
|--|--------------|------|
| Signature of Parent, Guardian, or Individual (18 years or older) | Relationship | Date |
|--|--------------|------|

Contact: Greg Maslowe, Farm Manager
 Newton Community Farm, 303 Nahanton Street, Newton MA 02459
newtoncommunityfarm@gmail.com, Tel #: 617-916-9655



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PART 2 - MEDICAL INFORMATION FORM

Intern's Name _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Pager _____

Medical Insurance Provider: _____

Medical Insurance Policy: _____

Policy #: _____

Primary Subscriber of Medical/Health Policy: _____

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

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

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

Relationship _____ Relationship _____

Health History

Please list any and all chronic or recurring illnesses:

Please list any and all medication that your child takes on a regular basis:

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

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PART 3 - PHOTO RELEASE

****** PARENTS OR LEGAL GUARDIANS MUST SIGN FOR MINORS UNDER THE AGE OF 18.**

A. **Pictures** - Newton Community Farm occasionally uses pictures of program participants in printed materials, on our website(s), in advertisements, in videos and in picture displays.

Check one:

_____ I hereby grant Newton Community Farm the right and permission to take and use photographs of (intern's name) _____ in which they may be included, on Newton Community Farm website(s), in videos, and in printed materials.

_____ I do not want any photographs or videos of (intern's name) _____ published in any media by Newton Community Farm.

B. **Names** – If you do give permission for use of photographs or videos as noted above, please also check one of the boxes below:

_____ I prefer that the name of the intern noted in section A NOT be used in connection with such photographs.

_____ I grant permission for first name of the intern noted in section A to be included in connection with such photographs at the discretion of the Newton Community Farm.

C. Signed by:

Full Name (printed) _____

Relationship to Intern _____

Address _____

Signature: _____ Date: _____

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