

**Release and Waiver
Brown Outdoor Leadership Training Trip**

Release executed on _____ for the benefit of Brown University.

In consideration of my being permitted to participate in the Brown Outdoor Leadership Training (BOLT) trips sponsored by the Brown University Office of Student Life, I do hereby agree to release, indemnify, and forever discharge Brown University, including the Corporation, its Trustees, faculty, employees, staff, and other agents of and against any and all liability and responsibility for any claim or cause of action on account of any personal injury, accident, damage, expenses, or other loss caused, suffered, or incurred by myself or any other person(s) or entity during, arising out of or in any way associated, directly or indirectly, with my participation in the activities associated with BOLT (including but not limited to travel incident to my participation), or for contribution or indemnification in respect to any claim made against me by any participant in BOLT or any other person or entity in connection therewith.

I have been advised of the nature of the BOLT program and the activities associated with it. I acknowledge that I am aware of Brown University's policy on alcohol and drug use and understand that my participation in BOLT is subject to any rules, procedures, and regulations outlined for me by BOLT leaders, or any other person(s) conducting the activities associated with BOLT. Additionally, I understand that although I am expected to be involved in the activities, I am not required to participate in any activity with which I am uncomfortable and acknowledge that my participation in BOLT is entirely voluntary. I recognize that there are hazards and risks which may result in physical injuries or death and understand that Brown University neither assumes any responsibility for actions of any persons whether or not a participant in the program, nor provides any insurance for participants in the Program except as provided under the Brown University Student Health Insurance Plan (if I am a member of said Plan). If I am not covered under the Brown University Student Health Insurance Plan, I assert that I have insurance sufficient enough to cover my participation in BOLT. Additionally, I voluntarily agree to assume all risks and hazards incident to participation in BOLT to the extent that I am not covered under the aforementioned Plan or any other insurance plan.

I acknowledge that I have an obligation to complete and return a medical form to the BOLT program supervisor prior to my participation in the program and to disclose to a physician at the Brown University Health Services any injuries, illnesses, etc. I may suffer or may have suffered subsequent to returning the form through the day of departure for the program. I agree to assume all risks and hazards resulting from any undisclosed injuries, illnesses, etc. Medical information will be kept confidential, but will be shared with necessary individuals including the BOLT Director, Brown Health Services staff, and relevant BOLT Leaders. Further, I authorize and empower BOLT leaders and/or any other person acting in a supervisory capacity with respect to BOLT, at any time and from time to time during the BOLT program, to take such action as is deemed by BOLT leaders or such other person(s) as necessary or desirable for my welfare when I am sick or disabled, including without limitation, medical treatment and/or surgery, and that I will pay for any and all cost and expenses so incurred in the exercise of such discretion. I further specifically acknowledge and understand that during the course of my participation in the activity, communication to third parties (e.g. emergency medical personnel), can be unreliable and/or not available at all for periods of time due to the remoteness of the activity locale and as such I assume the risk of any such delays or unavailability of any such necessary/required services (medical or other) caused by the same.

I acknowledge that I have read and understand the above statements. I assert that I am of legal age to bind myself to this release and waiver but if I am not at least eighteen (18) years old, I have written approval and consent of my parent(s) and/or legal guardian(s).

This release and waiver has been executed on behalf of myself, my heirs and assigns, and has been made with full knowledge of possible risks involved. This instrument has been executed in and shall be interpreted according to the laws of the state of Rhode Island.

Witness Signature
Printed Name:

Signature
Printed Name:

FOR SIGNATURE OF PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18

I have been informed of and understand the nature of the activity in which my son/daughter/ward wishes to participate. Additionally, I have read the above statements and do hereby agree to release, indemnify, and hold harmless Brown University, including the Corporation, its Trustees, faculty, employees, staff, and other agents of and against any and all legal responsibilities during, arising out of, or in any way associated, directly or indirectly, with his/her participation in the program as stated above.

Signature
Printed Name:

Witness Signature
Printed Name:

Informed Consent and Assumption of Risk Form			
Hazzard	Potential	Prevention	Solution/Treatment
Difficult Terrain and Fatigue	Strains, sprains, dislocations, or broken bones	Be careful where you step especially on loose rocks and crossing streams or rivers.	Administer proper first aid. Inform Staff of injury for assistance.
Difficult Terrain	Blisters, hot spots and soreness	Wear properly fitted footwear, clothes, and equipment. Tend to potential "hot spots" for blisters with preventative tapes before they become a problem.	Inform Staff of the discomfort for assistance. Use the provisions in the first aid kit to tend to blisters and prevent infections.
Difficult Terrain, Fatigue, Cooking	Scraps, cuts and burns	Backpack within abilities. Wear proper clothing. Be careful with knives, stoves and hot water when preparing meals.	Inform Staff of injuries for assistance.
Cold Temperatures and Precipitation	Frostnip, frostbite, hypothermia	Wear proper clothing (gloves, wool socks, etc.) Eat and drink proper amounts.	Add more clothing layers to your body, eat some food/hot beverages and walk/exercise to increase your body temperature.
Exercise	Sore muscles	Have backpack adjusted properly, carry less weight, take more breaks. Drink plenty of water.	Inform Staff of the discomfort for assistance.
Improper Hydration	Dehydration, & Headaches	Drink plenty of water (a liter every couple of hours)	Rest and slowly drink plenty of water.
Warm Temperatures and Exercise	Heat exhaustion or heat stroke	Wear proper clothing. Rest if you become too hot. Drink plenty of fluids.	Rest in shaded area, drink plenty of fluids. If signs of heat stroke are evident, seek medical attention.
River Conditions	Drowning	Avoid crossing rivers in areas that are difficult to cross. Search for a better place to cross the river. Work with your group to use appropriate crossing methods. Do not go swimming.	Be calm and signal for help
Wilderness Travel	Getting lost	Stay on marked trail and stay within sight of the group.	Stay calm and remain in one place until the group finds you.
Wilderness Travel	Communication devices are unreliable; the ability/speed of medical response is impeded by location		Discuss with your group the possible AMC/RMC radio locations, places where cell service may be available and the possible evacuation routes that are available to the group for each day's activities. Be knowledgeable of the emergency protocols and resources.

I have read and understand the risks listed above and how to avoid them and agree to take an active part to protect myself and my fellow participants during the activity. I realize there are other risks and/or dangers that may exist (including injury or death) and I will avoid these also; I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to myself or others. I will be on time for all scheduled meetings and events.

Furthermore, I agree to respect the rights and feelings of other participants and staff and to act in a supportive and caring manner during my participation in this event. I will take care of myself by letting others know what I need. I will try everything that I am asked to do by staff. I understand that I have the right not to participate if I don't feel physically or emotionally safe. I will follow all safety guidelines given by staff. I will not use equipment without proper supervision.

I understand that I should do nothing that may harm the environment or destroy its natural beauty, so that anyone who follows me may enjoy what nature provides. I will carry my trash out to a suitable trash container.

I agree not to use a radio/cell phone or other communication device on a trip unless there is an emergency where I am following BOLT protocols for contacting base camp or emergency assistance. I understand that electronic devices are extremely susceptible to damage and that I am discouraged from bringing one with me. Personal stereo devices are prohibited.

I have read and understand the alcohol/drug use policies and agree to abide by them.

I have read all of this **Informed Consent** and understand and that I may be dismissed from participation for refusing to abide by its contents.

Signature

Printed Name