

**RELEASE , WAIVER AND AUTHORIZATION  
THE KAREN T. ROMER UNDERGRADUATE TEACHING  
AND RESEARCH AWARDS PROGRAM  
BROWN UNIVERSITY**

Release, Waiver and Authorization executed on \_\_\_\_\_ (date), by \_\_\_\_\_ (name), of \_\_\_\_\_ (home address), for the benefit of the Karen T. Romer Undergraduate Teaching and Research Awards Program (hereinafter referred to as the "Program") and Brown University.

As a recipient of a Karen T. Romer Undergraduate Teaching and Research Award (hereinafter referred to as "UTRA") I, the undersigned, will engage in a voluntary research project titled \_\_\_\_\_ (project name & state) (hereinafter referred to as the "Project"), from the date of my departure to the conclusion of my research activity at \_\_\_\_\_ (project name & state). I acknowledge receipt of a stipend from Brown University which will assist in defraying costs incident to my voluntary research project.

In consideration of my receipt of the stipend to support my project activities, I do hereby agree to release, indemnify, and forever discharge, the Program, its officers and agents, and 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 Project (including but not limited to travel incident to participation in, travel to and/or from the Project), or for contribution or indemnification in respect to any claim made against me by any participant in this Project or any other person or entity in connection therewith.

Additionally, I acknowledge that my participation in this Project is entirely voluntary and that participation is not required for successful completion of my course work. I understand that my participation in the Project is subject to any rules, procedures, and regulations outlined for me by the Program, personnel, or any other person(s) conducting the Project and acknowledge that permission granted me by the Program to participate in the Project shall be revocable at any time, either before or during said Project, if deemed by the Program to be in my best interest or in the best interests of other participants in the Project.

I recognize that there are hazards and risks which may result in physical injuries or death and understand that neither the Program nor Brown University assumes any responsibility for actions of, nor provides any insurance for participants in the Project and assert that I voluntarily agree to assume all risks and hazards incident to this Project. I authorize and empower the Program and/or any other person acting in a supervisory capacity with respect to the Project, at any time and from time to time during the Project, to take such action as is deemed by the Program or such person 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.

**PHOTO AUTHORIZATION**

Brown University and its representatives on occasion take photographs and/or video for the University's use in print and electronic publications (which may also be used in combination with identifying information relating to me and my Project). This serves as a request for authorization for the University take and use such photographs/videos, and identifying information relating to me and my Project, and my indication of whether or not I am granting permission by my initials below:

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\_\_\_ **PERMISSION AUTHORIZED.** I hereby give permission to Brown University to take photographs and/or video of me and to use the images and identifying information about me and my Project (for example my name and Project title) in whatever way Brown University shall choose. By this authorization I agree that I shall not receive any fee and that all rights, title, and interest of the images and use of them belong to Brown University.

\_\_\_ **PERMISSION DENIED.** I hereby deny permission to Brown University to release photographs and/or video of me in connection with my participation in the Program.

Further, I acknowledge that I have read and understand the above statements and that I am of legal age to bind myself to this release, waiver and authorization. This release, waiver and authorization 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

OGC: 8/130/RW  
UTRA/National  
10.03.09