# RELEASE AND WAIVER

Release executed on [__________] (date) for the benefit of Brown University (hereinafter referred to as “Brown”).

I, the undersigned, am the parent/legal guardian of [______________] who wishes to participate in the Brown Environmental Leadership Lab (BELL) Program identified below (hereinafter referred to as “Program”) coordinated by the Brown University School of Professional Studies, taking place from [______________] (date) through [______________] (date).

**Check Only One**

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<td>[ ]</td>
<td>BELL: Alaska. Activities include hiking, camping, beach walking, boating, physical team building exercises, various off-site field trips, and service projects. I acknowledge that it is my responsibility to make travel arrangements, at my sole cost and expense, to and from Alaska for my child/ward.</td>
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<td>BELL: Costa Rica. Activities include hiking, canoeing, kayaking, boating, tree climbing, driving, and service projects. I acknowledge that it is my responsibility to make travel arrangements, at my sole cost and expense, to and from Costa Rica for my child/ward.</td>
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<td>BELL: Hawaii. Activities include day and nighttime hiking, day and nighttime snorkeling, swimming, camping, and service projects. Transportation will be provided by passenger vans. Inherent dangers with active volcanoes are potential hazards in addition to those potential hazards listed below. I acknowledge that it is my responsibility to make travel arrangements, at my sole cost and expense, to and from Hawaii for my child/ward.</td>
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<td>BELL: Narragansett Bay. Activities include hiking, camping, swimming, boating, physical team building exercises, off-site field trips including a wastewater treatment plant and shellfish aquaculture lab, and service projects. Lyme disease, other tick-borne illnesses are potential hazards in addition to those potential hazards listed below.</td>
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<td>BELL: Rhode Island. Activities include hiking, camping, swimming, kayaking, outdoor challenge course, physical team building exercises, and off-site field trips including a boat ride and local animal farm visit. Lyme disease, other tick-borne illnesses are potential hazards in addition to those potential hazards listed below.</td>
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I have received information and material informing me of the nature and purpose of the Program and understand that my child/ward will live in accommodations arranged by Brown. I am aware of the activities my child/ward will be participating in and the potential hazards of those activities, including but not limited to, bites, stings, heat related illnesses, falls, cuts, broken bones, inclement weather, lightning, drowning, and other difficult conditions. (If my child/ward is participating in **BELL: Narragansett Bay** or **BELL: Rhode Island**, I give permission for my child to wear permethrin-treated socks, as provided by Brown University and I have my shoes sprayed with permethrin to prevent exposure to insects, such as ticks, when participating in activities such as forest hiking.) I recognize that even under the safest conditions, there are a number of hazards and inherent risks involved in these activities as well as events that occur which are beyond the control of Brown University which may result in physical injuries or death. I acknowledge that my child/ward’s participation in the Program and any activity relative thereto is entirely voluntary and understand that although he/she is expected to be involved in all the planned activities, he/she is not required to participate in any activity with which he/she is uncomfortable. I agree that the On-Site Director and/or Program Director reserves the right to dismiss my child/ward and require that he/she leave immediately if in the On-Site Director's and/or Program Director's judgment he/she behaves in a manner which endangers him/herself, others in the Program or the Program’s continued operations.

I represent that I have discussed my child/ward’s medical condition with his/her physician and acknowledge that any decision to have my child/ward participate in this Program has been made by me with full knowledge of his/her medical condition and any risks to such condition which may result from participation. I agree to assume all risks and hazards resulting from any injuries, illnesses, diseases or other conditions, whether or not disclosed to Brown. I authorize and empower any person acting in a supervisory capacity for the Program, at any time and from time to time for the duration of the Program, to take such action as is deemed by such person(s) as necessary or desirable for my child/ward’s welfare when he/she is sick or disabled, including without limitation, providing/obtaining medical treatment; provided that, except in the event of an emergency, I receive advance notification if the need for surgery arises. I will pay for any and all cost and expenses so incurred in the exercise of such discretion.

I am aware of the political unrest in the United States and abroad. (If my child/ward is participating in **BELL: Costa Rica**, I am also aware of the...
hazards and inherent risk involved with studying abroad including (i) terrorist acts, (ii) foreign political, legal, social, and economic conditions, (iii) travel between countries, (iv) different standards of design, safety and maintenance of buildings, public places and conveyances, and (v) local medical and weather conditions as well as the possibility of emergency evacuation as a result of these various conditions. I understand and agree that while I am abroad it is my sole responsibility to keep abreast of U.S. Department of State travel advisories for U.S. citizens. I further acknowledge and represent that I have taken into account, and assume all risk of health, safety, and travel abroad considerations, including but not limited to those as set forth by the United States Department of States: http://www.travel.state.gov, http://studentsabroad.state.gov, http://www.travel.state.gov/travel/travel_1744.html, and the US Centers for Disease Control and Prevention, as they apply to my child/ward and the Program.) I understand and agree that Brown and does not assume any responsibility for actions, political or otherwise of any participants of the Program, or any other person and assert that I voluntarily agree to assume all the risks of any and all loss or damage to the property of my child/ward, and/or bodily injury to him/her resulting from any suchactions.

I acknowledge that I have made an informed decision to allow my child/ward to participate in this program and do hereby voluntarily grant permission for my child/ward to participate in the Program and its related activities. In consideration of my child/ward’s being permitted to participate in the Program, I do hereby agree to release, indemnify, and forever discharge Brown University, including the Corporation, its Trustees, faculty, employees, staff, and other agents, including its Board, staff, employees, and other agents, of, from, and against any and all liability and responsibility for any claim or cause of action on account of any medical treatment, personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by my child/ward, myself, or any other person over whom I have legal guardianship during or arising out of or in any way associated directly, or indirectly, with his/her participation in the Program, (including but not limited to travel incidental thereto) and from contribution or indemnification in respect to any claim made against me and/or my child/ward by any other participant of the Program or at any of the activity sites or any other person or entity in connection therewith.

I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and am confident that the individual doing so has read and/or translated the statements truthfully and in their entirety. I also acknowledge that I am of legal age to bind myself to this release and waiver.

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.

Parent/GuardianName: ____________________________________________ [Please Print]

Parent/GuardianSignature: _________________________________________ Date: __________________________

FOR SIGNATURE OF STUDENT

I have been informed of and understand the nature of the activities in which I am going to engage in during my participation in the Program. I understand that although I am expected to be involved in all the planned activities, I am not required to participate in any activity with which I am uncomfortable and acknowledge that my participation in the Program is entirely voluntary. 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, including its Board, employees, staff, and other agents of, from, and against any and all legal responsibilities during, arising out of, or in any way associated; directly or indirectly with my participation in the Program as stated above.

_________________________________  ___________________________
Signature of Student                              Witness Signature

_________________________________  ___________________________
Printed Name                              Printed Name

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OGC: 14/940/TE
BELL Program Release and Waiver
3/26/15