Release and Waiver

Release executed on __________________, 2014 by __________________________ (printed name) for the benefit of Brown University (hereinafter referred to as “Brown”).

On May 18, 2014, I, the undersigned, will be a participant in the Nature of Discovery Symposium (the “Event”), taking place at Warren Alpert Medical School at 222 Richmond Street, Providence, RI (the “Site”) sponsored by the Department of Continuing Education (“CE”) and the Rhode Island Board of Governors for Higher Education. The participants will engage in poster presentations and discussions focused on the relevance of science in everyday life. Participants in the Event will be arriving at the Site at or about 1:00 p.m. and the Event will end at or about 4:30 p.m. I acknowledge that I am voluntarily participating in the Event, and understand that my participation is subject to any and all rules, procedures, and regulations outlined for me by CE and/or any other person(s) conducting, leading, and/or directing the Event.

In consideration of my being permitted to participate in the Event, I do hereby release, indemnify, and forever discharge Brown, including the Corporation, its Trustees, faculty, employees, staff, and other agents from 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 Event and from contribution or indemnification in respect to any claim made against me by any other participant in the Event or any other person or entity in connection therewith.

I understand that Brown assumes no responsibility for actions of any other participant during this Event or any other users of the Site during the Event, or of any other persons and assert that I voluntarily agree to assume the risks of any and all loss or damage to my property, and/or bodily injury to me, however, caused, resulting from, arising out of or in any way connected with the Event.

I acknowledge that I have read and understood the above statements and that I am at least 18 years old and of legal age to bind myself to this release and waiver. If I am not at least 18 years old, I have secured the signature of my parent(s) or legal guardian(s) on this Release and Waiver, who, by signing, agree to be bound by all of its terms and conditions. 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.

__________________________________    ___________________________
Signature       Witness
Date:

PARENT/GUARDIAN SIGNATURE

__________________________________
Signature of Parent(s)/Guardian(s)
Printed Name:
Date:

Witness

__________________________________
Signature of Parent(s)/Guardian(s)
Printed Name:
Date:

Witness

Return to: arise@brown.edu or fax: 401-863-3916 by May 9, 2014