

BROWN UNIVERSITY
PARENT/GUARDIAN PERMISSION FORM &
ASSUMPTION OF RISK AND RELEASE AGREEMENT

Participant Name: _____

Program Name: _____

Program Location: _____

Program Date(s): _____

I am the parent or legal guardian of the participant named above (“Participant”) who is participating in the program named above (“Program”) offered by Brown University (“Brown”). This Parent/Guardian Permission Form & Assumption of Risk and Release Agreement (“Agreement”) confirms my understanding of, and agreement with, the following:

1. I grant permission for the Participant to participate in the Program. I understand that the Program will be conducted at the location and on the date(s) listed above. I acknowledge that I have been informed of the nature of the Program and the activities that will be available to Program participants.
2. I acknowledge that the Participant is participating in the program voluntarily and that Brown may terminate the Program and/or the Participant’s participation in the Program at any time in its sole discretion. I understand that Brown makes no promises of future employment, enrollment, or other benefit, or of favorable consideration for future employment, enrollment, or any other benefit as a result of participating in the Program.
3. I understand that participating in the Program, including but not limited to travel to and from the Program, may expose the Participant to risks, including but not limited to a risk of bodily injury and damage to or loss of personal property. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.
4. In consideration of the Participant being allowed to participate in the Program, on behalf of myself, heirs, executors, and the Participant, I release, indemnify, and hold harmless Brown University, including the Corporation, its Trustees, Fellows, officers, employees, representatives, and agents, from and against any and all present or future claims, losses, liabilities, costs, and expenses for personal injury, including death, permanent disability, property damage, or any other damage, which the Participant may suffer, or for which the Participant or I may be liable to any other person, related to the Participant’s participation in the Program.
5. I affirm that the Participant is physically and mentally capable of participating in the Program and has no known health restrictions that may jeopardize the Participant’s health or safety while participating in the Program. In the event of illness or injury, I authorize Brown to coordinate emergency care or other medical treatment for the Participant based on the existing circumstances. I

understand that the Participant is not eligible to use Brown’s Health Services or Counseling and Psychological Services while participating in the Program.

6. I understand that the Participant’s participation in the Program is subject to all applicable policies, rules, and procedures of Brown and agree that the Participant will abide by all such policies, rules, and procedures. I further understand that the Participant may be dismissed from the Program in the event the Participant fails to abide by the policies, rules, and procedures of Brown.

I certify that I have read and understand this Agreement. I understand and agree that any oral or written representations not contained in this Agreement will not alter the content of this Agreement. I agree that this Agreement shall be governed by the laws of the State of Rhode Island, excluding its conflict of laws principles, and that the federal or state courts in the State of Rhode Island shall be the forum for any lawsuits filed under or incident to this Agreement.

Parent/Guardian Signature _____ Date _____
Print Parent/Guardian Name _____
Emergency Contact Number _____

FOR SIGNATURE BY THE PARTICIPANT

I acknowledge that I must adhere to all policies, rules, and procedures of Brown and as outlined for me by the Program, and that failure to adhere to such policies, rules, and procedures may result in immediate termination of my participation in the Program.

Participant Signature _____ Date _____