SAVE THE BAY®
NARRAGANSETT BAY

REGISTRATION AND WAIVER OF RESPONSIBILITY

School/Organization Name: ___Brown University_____

Program Name:___SPARK_____ Program Date: ___July 14-25, 2008_____

Attendee(s) Name: _____ Age_____ Home phone: _____

Street address: _____Work phone: _____

Town: _____State: _____Zip: _____

If participant is under 18: Parent/guardian name: _____

Attendee's/ Parent's/Guardian's Email Address:_____

In Case of Emergency:
Notify: _____
Phone: _____
Relationship to participant: _____
Medical Considerations:
Allergies/Reactions: _____
Medical Conditions: _____
Current Medications: _____

In consideration for Save The Bay's acceptance of this registration, and in accordance with Chapter 7-6 of the Rhode Island General Laws, I hereby assume any and all risks associated with or arising from my participation in this event. I understand that this includes but is not limited to any and all injuries to my person, including death or permanent injury, and/or property damage or loss suffered by me arising from my participation in this event. I voluntarily waive and release any and all rights, claims and actions for damages I may have against Save The Bay, its officers, directors, employees, agents, or any individuals or institutions associated with or assisting Save The Bay with this program including, but not limited to, the following: Town of Middletown; City of Newport; Town of North Kingstown; Port Edgewood Marina; Aspray Boathouse; the RI Department of Environmental Management; and any other participant in this program.

If any item or provision of this Agreement shall be determined to be illegal or unenforceable, then all other terms and provisions hereof shall nevertheless remain effective and shall be enforced to the fullest extent permitted by law.

I further attest and certify that I have read and understood the above waiver and assumption of risk, that I am making this waiver and assuming all risks voluntarily, and that all information and signatures contained herein are accurate and genuine. In addition, I will allow any photos that are taken during this program to be used in the promotional materials of Save The Bay.

(If participant is under 18, parent/guardian signature)

Signature_____Date_____

THE BAY CENTER
100 Save The Bay Drive
Providence, RI 02905
phone: 401-272-3540
fax: 401-273-7153

EXPLORATION CENTER
Easton's Beach
P.O. Box 851
Newport, RI 02840
phone: 401-324-6020
fax: 401-324-6022

SOUTH COUNTY
COAST OFFICE
Riverside Building
12 Broad Street, Suite 6
Westerly, RI 02891
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