

Release and Waiver Form  
Study Abroad\_\_\_\_\_

Release executed on \_\_\_\_\_ by \_\_\_\_\_ for the benefit of BROWN UNIVERSITY.

In consideration of my being permitted to participate in a study abroad program coordinated by the Office of Summer and Continuing Studies of BROWN UNIVERSITY (hereinafter referred to as the "PROGRAM"), at \_\_\_\_\_ for the academic period beginning in \_\_\_\_\_ 20\_\_\_\_, and ending \_\_\_\_\_ 20\_\_\_\_, as sponsored by BROWN UNIVERSITY, I, the undersigned, do hereby release and forever discharge 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 suffered or incurred, by me during, arising out of, or in any way associated with my study and/or participation in the program (including, but not limited to travel to and from \_\_\_\_\_ and any other travel incident to my study and/or participation) and/or from contribution or indemnification in respect to any claim made against me by any person or entity in connection therewith. I further agree to indemnify BROWN UNIVERSITY against any actions brought against it relative to my study as result of my acts or omissions.

I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems which preclude or restrict my participation in this program

I understand that I will be living in accommodation arranged by Brown University. I acknowledge that my participation in the program is entirely voluntary. I further understand and appreciate that there are inherent risks involved with study and living abroad which are beyond the control of BROWN UNIVERSITY. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions, and the possibility of emergency evacuation as a result of these various conditions. I agree to assume all such risks thereby releasing and forever discharging 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 or to myself, arising out of or in any way associated, directly or indirectly, with any living arrangements incident to my study and/or participation in the PROGRAM. I further acknowledge and represent that I have taken into account, and assume all the risk of health, safety, and travel abroad considerations, including but not limited to those as set forth by the United States Department of State <<http://www.travel.state.gov/studentinfo.html>>, <[http://www.travel.state.gov/travel\\_warnings.html](http://www.travel.state.gov/travel_warnings.html)>, and the United States Centers for Disease Control and Prevention <http://www.cdc.gov/travel/index.htm>, as they apply to me and my Program.

Further, 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 in my state of residence to bind myself to this release and waiver, but if I am not at least 18 years of age, I have also 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 and hazards involved in travel and study abroad. This instrument has been executed in and shall be interpreted according to the laws of the State of Rhode Island.

\_\_\_\_\_  
Signature of Student  
Printed Name:

\_\_\_\_\_  
Witness

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Study Abroad\_\_\_\_\_

**SIGNATURE OF PARENT(S) OR GUARDIAN(S) REQUIRED IF UNDER THE AGE OF 18.**

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)  
Date:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)  
Date:

\_\_\_\_\_  
Witness