

# Brown University Leadership Institute Environmental Leadership Lab (BELL): Sustainable Development Release and Waiver



Brown University Continuing Education  
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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 Program called: Sustainable Development (hereinafter referred to as "Program") sponsored by the Brown University Office of Continuing Education taking place at the Outing Reservation on the Haffenreffer Estate located in Bristol, Rhode Island from \_\_\_\_\_ (date) through \_\_\_\_\_ (date). I have been informed of and understand the nature and purpose of the Program and the activities my child/ward will be participating in (including activities such as hiking, camping, swimming, ropes course, physical team building exercises, and several off-site field trips). I am aware of 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 and 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. I acknowledge that my child/ward's participation in the Program and any activity 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 further acknowledge that my child/ward and I are aware of Brown's policy on alcohol and drug use and understand that his/her participation in the Program is subject to any rules, procedures, and regulations outlined for him/her by Brown staff, Program leaders, or any other person(s) conducting the activities associated with the Program. I do hereby voluntarily grant permission for my child/ward to participate in the Program and its related activities. I assert that my child/ward has insurance sufficient enough to cover their participation in the Program and that I have provided a copy of documentation of his/her insurance health coverage to the Program Director.

I acknowledge that I have an obligation to complete and return a medical form to the Program Director, prior to my child/ward's participation in the Program and that I am required to disclose to the Program Director any injuries, illnesses, etc. he/she may suffer from or may have suffered subsequent to returning the form through the day of departure for the program. 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.

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 of 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 attendance of 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**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. Additionally, 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 further acknowledge that I am aware of Brown University's policy on alcohol and drug use and agree to adhere thereto. I understand that my participation in the Program is subject to any rules, procedures, and regulations outlined for me by Brown staff, Program leaders, or any other person(s) conducting the activities associated with the Program. Additionally, 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 of 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

**Please return this form to:** Brown University Continuing Education  
Box T, Providence, RI 02912-9120  
Fax: 401-863-3916  
Attn: Forms Coordinator