

Pre-College Summer Study Abroad STUDENT ACCEPTANCE FORM



Brown University Continuing Education
Box T, Providence, Rhode Island 02912
Tel 401-863-7900 Fax 401-863-3916
Email: summeraboad@brown.edu
www.brown.edu/summer

Welcome to Summer@Brown! In order to confirm your decision to attend our programs we need you to provide some additional information and be informed about standard expectations for your involvement in the pre-college summer study abroad program courses, activities and events. Please read the guidelines outlined here with care. We need student and parent signatures completed on this form to finalize your registration.

STUDENT INFORMATION – Please Print

Student's Name: _____ Gender: Male Female

Home Address: _____

City/State/Zip/Country: _____

Date of Birth (mm/dd/yy): _____ Social Security Number: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Student Cell: _____

Parent/Guardian Day Phone: _____ Evening Phone: _____

Student Email: _____ Parent/Guardian Email: _____

STUDENT

I, the student, acknowledge that I shall attend the 2012 Pre-college Summer Study Abroad Program (check the appropriate box below) and hereby certify that I have read and will abide by the program policies. See the *Policies* section on our web site.

Pre-College in Dublin, Ireland Pre-College in Naxos, Greece Pre-College in Rome, Italy Pre-College in Segovia, Spain

Pre-College in Costa Rica

Student Signature: _____ Date: _____

PARENT/GUARDIAN

I am in concurrence with the decision of my son/daughter/ward, and also hereby certify that I have read the program policies - see the *Policies* section on our web site, and agree that my son/daughter/ward should abide by these policies. I release Brown University, its agents and employees from all legal and financial responsibility arising from my child/ward's participation in the 2012 Summer@Brown Program. I hereby assume all legal and financial responsibility for my son/daughter/ward's involvement in the program.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____

PHOTO AUTHORIZATION AND RELEASE

Brown University and its representatives on occasion take photographs and/or video for the University's use in print and electronic publications. This serves as a public notice of the University's intent to do so and as a release to the University as permission to use such images as it deems fit.

PERMISSION AUTHORIZED I hereby give permission to Brown University to take photographs and/or video of my child during this year's summer programs and to use the images so taken in whatever way Brown University shall choose. By this authorization I agree that neither I nor my child shall receive any fee and that all rights, title, and interest of the images and use of them belong to Brown University.

I further release and indemnify Brown University, 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 damages, expenses, or other loss caused, suffered, or occurred during, arising out of or in any way associated, directly or indirectly with my child's appearance in the photographs, the make of such images, and/or their use.

PERMISSION DENIED I hereby deny permission to Brown University to release photographs and/or video of my child during this year's summer programs.

PLEASE SEE REVERSE SIDE

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STUDY ABROAD RELEASE & WAIVER

Release executed on _____ by _____ for the benefit of BROWN UNIVERSITY.
month/date/year Student Name

In consideration of my being permitted to participate in a study abroad program coordinated by Continuing Education of BROWN UNIVERSITY (hereinafter referred to as the "PROGRAM"), at _____ for the academic period beginning in _____ and ending _____, as sponsored by BROWN UNIVERSITY, I, the undersigned, do hereby release and forever
month/date/year International location month/date/year

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 accommodations 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: www.travel.state.gov, <http://studentsabroad.state.gov/>, http://www.travel.state.gov/travel/travel_1744.html, and the [US Centers for Disease Control and Prevention](http://www.cdc.gov), as they apply to me and my Program.

FOR BELL COSTA RICA ONLY: 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 day and nighttime hiking and field work, snorkeling, boating, horseback riding, camping and various service projects). I am aware of the potential hazards of those activities, including but not limited to, bites, stings, heat related illnesses, falls, 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.

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.

Student Name (Please print): _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____

Retain a copy of your signed acceptance form for your records. Please fax to (401) 863-3916 or mail the signed form to:
Brown University Continuing Education, Attn: Forms Coordinator, Box T, Providence, RI 02912-9120