



BROWN

BROWN UNIVERSITY

PARTICIPANT IN STUDENT ORGANIZATION

ASSUMPTION OF RISK AND RELEASE AGREEMENT

Name of Participant:			
Student Organization:			
Email Address:		Class Year:	

I am a participant in the Student Organization listed above at Brown University (“Brown”). This Assumption of Risk and Release Agreement (“Agreement”) confirms my understanding of and agreement with the following:

1. Although the Student Organization is constituted by the Undergraduate Council of Students and advised by the Student Activities Office, I understand that all activities of the Student Organization, including but not limited to, travel incidental to the activities (“Activities”), are arranged by the members of the Student Organization and not by or on behalf of Brown.
2. My participation in the Student Organization is voluntary and independent of any enrollment at Brown.
3. I understand that participation in the Activities involves a risk of physical injury to me and damage to or loss of my personal property. I have assessed these risks, understand these risks, and assume them knowingly and willingly.
4. In consideration for being allowed to participate in the Activities, I, and on behalf of my heirs, release, indemnify, and hold harmless Brown University, including the Corporation, its Trustees, Fellows, officers, employees, representatives, and agents, from and against any present or future claims, losses, liabilities, costs, and expenses for personal injury, including death, property damage, or any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the Activities.
5. I affirm that I am physically and mentally capable of participating in the Activities and have no known health restrictions that may jeopardize my health or safety while participating in the Activities. I understand that it is my responsibility to inform the Student Activities Office of any health conditions that may limit my ability to participate in the Activities. I agree to cease participating in the Activities if I believe further participation poses a risk to my health or safety. In the event of illness or injury, I authorize Brown University to coordinate emergency care or other medical treatment for me based on the existing circumstances.
6. I understand that my participation in the Activities is subject to all policies, rules, and procedures of Brown, the Student Organization, and the site of the Activities.
7. I grant permission to Brown to photograph, film, or make an audio recording of my participation in the Activities. I further grant Brown an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials in publications, exhibits, on the



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Internet, or on television and to identify me in such materials. I also waive the right to approve the final product.

I certify that I have read and understand this Agreement and am at least 18 years old. If I am not at least 18 years old, my parent or legal guardian has signed below and agreed to be bound by 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.

Participant Signature:	
Name (printed):	
Date:	
Brown ID Number:	

For Participants Under 18 Years Old

I, the undersigned parent or legal guardian of the participant listed above (“Participant”), consent to the Participant’s participation in the Activities. I, as the parent or legal guardian of the Participant and on behalf of the Participant, release, indemnify, and hold harmless Brown University, including the Corporation, its Trustees, Fellows, officers, employees, representatives, and agents, from and against any present or future claims, losses, liabilities, costs, and expenses for personal injury, including death, property damage, or any other damage, which I or the Participant may suffer, or for which the Participant may be liable to any other person, related to the Participant’s participation in the Activities.

Legal Guardian Signature:	
	(If applicable, on behalf of both parents/guardians)
Name (printed):	
Date:	