

Release and Waiver

Release executed on _____ {Date} by _____ {typed or printed name of parents/guardians} of _____ {address}, for the benefit of Brown University (hereinafter referred to as "Brown").

I, the undersigned, am the parent/legal guardian of _____ {printed name of child} ("Child") a student in the _____ grade at _____ {school} who will be visiting Brown University's Campus to participate in the Brown University's After School Model United Nations Program (the "Program") taking place from November 10, 2017 to November 12, 2017. The Program is sponsored by Brown's Student Activities Office. The purpose of the Program is for invited high school students from the Providence area to engage in a mock United Nations experience.

I have been informed of and understand the nature of the Program, and am aware that my Child will be on Brown's campus and under the supervision of Brown students. I recognize that participation in the Program is subject to any rules, procedures, and regulations outlined for my Child by Brown, or any other person coordinating any activity of the Program and my Child agrees to abide by all such rules, procedures, and regulations.

I understand that during the period that I am not attending the Program, any activities in which I engage (including but not limited to travel) are not under the auspices of Brown. I understand that Brown assumes no responsibility for actions of any other participant during the Program, or any other person and assert that I voluntarily agree to assume the risk of any and all loss or damage to my property, and/or bodily injury to me or my Child, however caused, resulting from, arising out of or in any way connected to the Program.

In consideration of my Child being permitted to participate in the Program, I do hereby agree to release, indemnify, and forever discharge, Brown, 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 personal injury, accident, damage, expenses, or other loss caused, suffered, or incurred by my Child or any other person(s) or entity during, arising out of or in any way associated, directly or indirectly, with my Child's participation in the Program (including but not limited to travel incidental thereto), or for contribution or indemnification in respect to any claim made against me and/or my Child by any other participant in or attendant of the Program or any other person or entity in connection therewith.

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 so doing 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 the possible risks involved. This instrument has been executed in and shall be interpreted according to the laws of the State of Rhode Island.

Witness

Signature of Child

Witness

Signature of Parent/Guardian

Witness

Signature of Parent/Guardian