



**Unpaid Internship or Volunteer Opportunity Agreement and Release**

Release executed on \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ [date] by \_\_\_\_\_ [name of intern/volunteer], of \_\_\_\_\_ [address of intern/volunteer] for the benefit of Brown University. (hereinafter “Brown”).

I, the undersigned, acknowledge that I have secured an internship/volunteer opportunity with \_\_\_\_\_ [name of department, center, institute] (hereinafter “Host”) from \_\_\_\_\_ [date begins] through \_\_\_\_\_ [date ends] (hereinafter “Internship/Volunteer Opportunity”) and that all information contained within my provided documents remains true and accurate. Further, I acknowledge that my participation in the Internship/Volunteer Opportunity is not required for successful completion of my academic courses at Brown.

I acknowledge that my participation in the Internship/Volunteer Opportunity is entirely voluntary; that I have made my own arrangements for my participation; and that any activities in which I engage with respect to my participation (including but not limited to travel incident thereto) are not under the auspices of Brown, and that Brown, including the Corporation, its trustees, faculty, employees, staff, and other agents bears no responsibility or liability for any claims or causes of action that I may have or that any other person may have against me for my participation in the Internship or for any activities in which I engage incident thereto. Additionally, I recognize and appreciate that, even under the safest conditions there may be hazards and risks incident to the Internship/Volunteer Opportunity which may result in physical injuries and/or loss of property and understand that Brown does not assume any responsibility for actions, including but not limited to, its officers, trustees, employees, staff, contractors, agents, guests, invitees, or participants in the Internship/Volunteer Opportunity or any other persons relative thereto. I hereby voluntarily assume all such risks and hazards whether foreseen or unforeseen. In consideration of being selected for the Internship/Volunteer Opportunity, I do hereby release and forever discharge Brown, 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 myself or any other person(s) or entity during, arising out of, or in any way associated directly or indirectly, with my participation in the Internship/Volunteer Opportunity, or for contribution or indemnification in respect to any claim made against me by any other participant or any other person or entity in connection therewith. I further agree to indemnify Brown University against any actions brought against it relative to my Internship/Volunteer Opportunity as a 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 that preclude or restrict my participation in this Internship/Volunteer Opportunity.

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 the 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, and the exclusive venue for any legal proceedings hereunder shall be the state or federal courts in the State of Rhode Island.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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