



BROWN UNIVERSITY
UNPAID INTERNSHIP OR VOLUNTEER OPPORTUNITY
ASSUMPTION OF RISK AND RELEASE AGREEMENT

Name of Intern/Volunteer: _____

Name of Department/Center/Institute: _____

Description of Internship/Volunteer Opportunity: _____

Responsible Faculty/Staff Member: _____

Date(s): _____

I am voluntarily participating in the internship/volunteer opportunity described above (“Internship/Volunteer Opportunity”) at Brown University (“Brown”). The Internship/Volunteer Opportunity is understood to include all travel to and from the location of the Internship/Volunteer Opportunity, if any. This Assumption of Risk and Release Agreement (“Agreement”) confirms my understanding of and agreement with the following:

1. I understand that interning or volunteering at Brown is an optional, voluntary exercise which is not required for successful completion of any course at Brown and that Brown may terminate my ability to intern or volunteer at any time in its sole discretion. I further understand that I am not an employee of Brown, will not receive any compensation or benefits for interning or volunteering at Brown, and that Brown makes no promises of future employment, enrollment, or any other benefit as a result of interning or volunteering at Brown.
2. I understand that participation in the Internship/Volunteer Opportunity involves a risk of physical injury to me and damage to or loss of my personal property. I have made my own investigation of the risks, understand the risks, and assume them knowingly and willingly.
3. In consideration for being allowed to participate in the Internship/Volunteer Opportunity, I agree to 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 Internship/Volunteer Opportunity.
4. I affirm that I am physically and mentally capable of participating in the Internship/Volunteer Opportunity and have no known health restrictions that may jeopardize my health or safety while participating in the Internship/Volunteer Opportunity. I understand that it is my responsibility to inform the Responsible Faculty/Staff Member listed above of any health conditions that may limit my ability to participate in the Internship/Volunteer Opportunity. I agree to cease participating in



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the Internship/Volunteer Opportunity if I believe further participation poses a risk to my health or safety. In the event of illness or injury, I authorize the Responsible Faculty/Staff Member listed above and other agents of Brown to coordinate emergency care or other medical treatment for me based on the existing circumstances.

- 5. I understand that my participation in the Internship/Volunteer Opportunity is subject to all policies, rules, and procedures of Brown, including but not limited to the [Unpaid Internships and Volunteer Opportunities Policy](#), and as outlined for me by the Responsible Faculty/Staff Member listed above.
- 6. I grant permission to Brown to photograph, film, or make an audio recording of my participation in the Internship/Volunteer Opportunity. I further grant Brown an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials in publications, exhibits, on the 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.

Signed _____ Date _____

Name (print) _____

For Interns/Volunteers Under 18 Years Old

I, the undersigned parent or legal guardian of the intern/volunteer listed above (“Intern/Volunteer”), consent to the Intern’s/Volunteer’s participation in the Internship/Volunteer Opportunity. I, as the parent or legal guardian of the Intern/Volunteer and on behalf of the Intern/Volunteer, agree to 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 Intern/Volunteer may suffer, or for which the Intern/Volunteer may be liable to any other person, related to the Intern’s/Volunteer’s participation in the Internship/Volunteer Opportunity.

Signed _____ Date _____

Name (print) _____