



Save The Bay Center
100 Save The Bay Drive
Providence, RI 02905

P: 401-272-3540
F: 401-273-7153
SAVEBAY.ORG

**CONSENT TO PARTICIPATE IN SAVE THE BAY'S EDUCATION PROGRAM
(TEACHER/CHAPERONE'S WAIVER FORM & GUIDELINES)**

Dear Participant/Teacher/Chaperone:

Through your organization, you will be participating in one of Save The Bay's educational programs. Save The Bay, Inc. is a member-based, non-profit organization that relies on memberships, grants and foundation support to continue our mission: *To Protect and Improve Narragansett Bay*. Please visit our website at www.savebay.org for more information.

During this program, you will learn about the ecology of Narragansett Bay by doing hands-on activities that may include a marine science cruise, a shoreline discovery walk or by exploring the underwater world of Narragansett Bay at our Exploration Center and Aquarium in Newport or at our Bay Center in Providence.

Save The Bay has provided marine-based environmental education for over 30 years. Over the years, we have earned the trust of teachers, parents and students throughout southern New England. We are proud to call ourselves a partner in education. Between our school-based and public programs, our educators work with over 40,000 people annually. Our Education staff are trained in First Aid/CPR and regularly hone their skills through participating in professional workshops. Our boat captains are licensed through the US Coast Guard. All of our education vessels are custom built to meet or exceed rigid US Coast Guard regulations. When aboard one of our education vessels, all participants under the age of 18 wear a Personal Flotation Device. To find out more about our education program, please visit our website at: www.savebay.org/education

Please note that if you do not sign the form, your will not be able to participate in the field experience.

IF YOU HAVE QUESTIONS: Please feel free to contact me, Bridget Prescott, Director of Education at, 401-272-3540 ext. 137 or bkubis@savebay.org.

Please keep this page for your records, and sign the bottom of the next page indicating consent and return it with you.

We look forward to introducing you and your group to Narragansett Bay soon!

Sincerely,

A handwritten signature in black ink that reads "Bridget Kubis Prescott".

Bridget Kubis Prescott, Director of Education



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Organization Information

Organization Name: _____
Program Date: _____

Participants Name: _____ Age: _____
Street address: _____ Town: _____ State _____ Zip _____

In Case of Emergency

Notify: _____ Relation to participant: _____
Phone number: _____

Medical considerations

Allergies/Reactions: _____
Medical Conditions: _____
Current Medications: _____

AUTHORIZATION AND RELEASE:

I have read this Consent to Participate and understand by signing it I am allowing myself to participate in a Save The Bay's field educational program. I agree to be included in the field experience. I hereby allow myself to participate in Save The Bay's education program. I understand that certain risks and hazards are inherent in the activities associated with the event/activity and on rare occasions an accident can result in death or serious injury. It is understood that I will be asked to follow instructions and directions given by Save The Bay staff members. I hereby knowingly and voluntarily assume all risks of any and all injury or harm arising from this activity/event. I do hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring, arising as a result of my participation in the education program. I further agree to indemnify and hold Save The Bay, its employees, board and board committee members, officers, volunteers, sponsors, agents, successors and assigns (the "released parties"), harmless and free of any liability in the event of accident, injury, or personal loss, including but not limited to those resulting from any negligence, whether contributory or sole, and whether passive or active, of any released party or any other person or entity or from the condition or use of the property of any of the released parties or any other person or entity. I have received a copy of this Consent to Participate form for my own records.

I consent to participate in Save The Bay's education program.

Participant's Signature

____/____/____
Date



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PLEASE READ CAREFULLY

RIGHT TO USE IMAGE. I irrevocably give, grant, and convey to Save The Bay, its successors, agents, and assigns, without compensation to me, or my Ward, the absolute right and unrestricted permission to copyright and/or use and/or publish (1) my name or the name of my Ward, (2) my image or my Ward's image or likeness on videotape or digital imaging, and (3) photographic pictures of me or my Ward, made through any media, in connection with photos or videotape taken of me or my Ward for any legal purpose whatsoever, including but not limited to the promotion of Save The Bay. I further waive any right that I or my Ward may have to inspect or approve the finished product. The videotape, photographs, and negatives will be the sole property of STB. I have read the foregoing and fully understand its contents.

CHECK AND SIGN ONE ONLY (A or B)

(A)___ CHECK IF YOU AGREE TO BE VIDEOTAPED AND/OR PHOTOGRAPHED DURING THIS PROGRAM AND GIVE CONSENT FOR THE PHOTOGRAPHIC OR VIDEO IMAGES TO BE USED ON SOCIAL MEDIAL OR OTHER PUBLICATIONS, FOR PRESENTATIONS ON SAVE THE BAY'S WEBSITE AND OTHER PROMOTIONAL MATERIAS, AND ACKNOWLEDGE THAT SUCH IMAGES OR VIDEOS WILL BE THE SOLE PROPERTY OF SAVE THE BAY:

Signature of parent or guardian: _____

Date: _____

OR

(B)___ CHECK IF YOU DO NOT WANT YOUR NAME OR IMAGE TO BE USED AS STATED ABOVE AND NOTIFY THE SAVE THE BAY STAFF AND/OR A LEADER OF THE SCHOOL THAT YOU DO NOT WANT HIS OR HER IMAGE TO BE USED.

Signature of parent or guardian: _____

Date: _____

