

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

Dear Participant/Teacher/Chaperone:

In the coming weeks, you and your group will be participating in a Save The Bay education program. During this program, your group will learn about the ecology of Narragansett Bay by doing hands-on activities that may include a marine science cruise aboard one of our coast guard certified education vessels, exploring shorelines or discovering the underwater world of Narragansett Bay at our Exploration Center and Aquarium in Newport or at our Bay Center in Providence. Save The Bay is a member based non-profit organization that relies on grants and foundation support to continue our mission. Please visit our website at [www.savebay.org](http://www.savebay.org) for more information.

Save The Bay is an experienced environmental education provider for over 20 years. We have earned the trust of teachers, parents and students throughout southern New England. We are a partner with many schools and districts throughout RI, MA and CT. Our programming has been recognized by the Rhode Island Department of Education. Save The Bay's education program sees over 20,000 participants each year. Our education team is trained in First Aid/CPR, our boat captains are certified through the coast guard and our education staff participate in regular education workshops to hone their skills as professionals. To find out more about our education program please visit our website at [www.savebay.org/education](http://www.savebay.org/education)

The permission slip and its wording is a requirement of our insurance carrier. **Please note, that if you do not sign the form, you will not be able to participate in the field experience.** *In consideration for Save The Bay's acceptance of this registration, and in accordance with Chapter 7-6 of Rhode Island General Laws, I hereby assume any risks associated with or arising from my participation in this program. I understand this includes all serious or permanent injuries to my person and or property damage or loss suffered by me arising from my participation in this program. I release Save The Bay, Inc., its employees, agents and assigns from all liability which may arise from any and/or all claims by me or any third party in connection with my participation in the program(s).*

**IF YOU HAVE QUESTIONS:** Please feel free to contact me, Bridget Kubis Prescott, Director of Education, 401-272-3540 ext. 137 or [bkubis@savebay.org](mailto:bkubis@savebay.org).

Please keep this page for your records, and sign the bottom of the next two pages indicating consent and *agreement to guidelines (only applicable to teachers and chaperones)* and return it to your program leader/teacher.

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

Sincerely,



Bridget Kubis Prescott, Director of Education

THE BAY CENTER  
100 Save The Bay Drive  
Providence, RI 02905  
phone: 401-272-3540  
fax: 401-273-7153

EXPLORATION CENTER  
Easton's Beach  
P.O. Box 851  
Newport, RI 02840  
phone: 401-324-6020  
fax: 401-324-6022

SOUTH COUNTY  
COAST OFFICE  
Riverside Building  
12 Broad Street, Suite 6  
Westerly, RI 02891  
phone/fax: 401-315-2709

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

**School/Organization**

School/Organization Name: \_\_\_\_\_

Program Date: \_\_\_\_\_

Participant's 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 (for under 18 years): I have read the request and understand it to include my child participating in a Save The Bay's field experience program. I agree that my child, may be included in the field experience. I have received a copy of this consent form for my own records.

I agree to the conditions and to participate in Save The Bay's education program.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date

THE BAY CENTER  
100 Save The Bay Drive  
Providence, RI 02905  
phone: 401-272-3540  
fax: 401-273-7153

I give consent to be videotaped and/or photographed during this program:

please initial: \_\_\_Yes \_\_\_No

EXPLORATION CENTER  
Easton's Beach  
P.O. Box 851  
Newport, RI 02840  
phone: 401-324-6020  
fax: 401-324-6022

I give consent for photographic images of mine resulting from this program/study to be used for presentations on Save The Bay's website and promotional materials:

please initial: \_\_\_Yes \_\_\_No

SOUTH COUNTY  
COAST OFFICE  
Riverside Building  
12 Broad Street, Suite 6  
Westerly, RI 02891  
phone/fax: 401-315-2709

**TEACHER/CHAPERONE GUIDELINES & AGREEMENT**

Save the Bay Education programs are designed to be field-based, hands-on, inquiry driven, and guided by experienced Save the Bay Educators.

Your primary responsibility as chaperone is to **Assist the Educators** with:

- Ensuring **SAFETY** of the group, and
- Helping foster a **COOPERATIVE TEAM ENVIRONMENT**.

**Chaperones must:**

- Be physically able to participate in all activities;
- Be a positive role model;
- Be an active member of the team;
- Allow the educator to be the primary guide;
- Allow the educator to be the primary care giver in an emergency situation.
- \*For Providence Bay Center field trips, check that the bus is parked at its specified parking lot (for bus) and not in the general parking areas for cars.

**Chaperones must refrain from:**

- Using tobacco products;
- Using electronic devices (like cell phones) unless absolutely necessary;
- Being alone with a student/participant;
- Interfering with student learning;
- Physically handling a participant, unless the participant poses an imminent threat to the safety of him/herself or others;
- Administering any medications to children other than your own;
- Treating your family member different from other participants.
- Bringing additional family members (i.e. siblings along to the program)

THE BAY CENTER  
100 Save The Bay Drive  
Providence, RI 02905  
phone: 401-272-3540  
fax: 401-273-7153

EXPLORATION CENTER  
Easton's Beach  
P.O. Box 851  
Newport, RI 02840  
phone: 401-324-6020  
fax: 401-324-6022

SOUTH COUNTY  
COAST OFFICE  
Riverside Building  
12 Broad Street, Suite 6  
Westerly, RI 02891  
phone/fax: 401-315-2709

[savebay@savebay.org](mailto:savebay@savebay.org)

I understand and agree to abide by the above guidelines:

		/ /
Teacher/Chaperone Name	Teacher/ Chaperone Signature	Date

School representing: \_\_\_\_\_

Teacher/Chaperone Contact Information (for our records only):

Address	City, State	Zip	

( ) Phone	Email Address