

CONSENT TO PARTICIPATE IN SAVE THE BAY'S EDUCATION PROGRAM**PLEASE FILL OUT BOTH SIDES**

Dear Parent or Guardian:

Through your child's or ward's (Child) school, your son/daughter 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, your Child will learn about the ecology of Narragansett Bay by participating in a field educational program that may include various experiences such as a marine science cruise, shoreline discovery walks, kayaking on a river, or exploring the underwater world of Narragansett Bay at our Hamilton Family Aquarium in Newport, at our Bay Center in Providence, or other locations.

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 team are trained in First Aid/CPR and regularly hone its 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, or any vessel, all participants under the age of 18 must wear a Personal Flotation Device. To find out more about our education program, please visit our website at: www.savebay.org/education

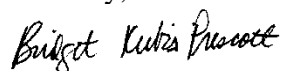
Please note that if you do not sign the form, your Child will not be able to participate in the field experience.

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 your student to his/her teacher.

We look forward to introducing your child to Narragansett Bay!

Sincerely,





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

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

PARENTAL CONSENT TO PARTICIPATE IN SAVE THE BAY'S EDUCATION PROGRAM

PLEASE FILL OUT BOTH SIDES

School/Organization

School/Organization Name: _____

Program Date: _____

Student Name: _____ Age: _____

Grade: _____

Street Address: _____ Town: _____

State: _____ Zip: _____

In Case of Emergency

Notify: _____ Relation to participant: _____

Phone number: _____

Medical considerations

Allergies/Reactions:

Medical Conditions:

Current Medications:

Please read carefully- AUTHORIZATION AND RELEASE:

I have read this Consent to Participate and understand by signing it I am allowing my child or ward (Child) to participate in a Save The Bay educational program. I agree, and hereby allow my Child may be included in Save The Bay's education program. I understand that certain risks and hazards are inherent in the activities associated with the education program and on rare occasions an accident can result in death or serious injury. It is understood that my Child 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 to my Child arising from this participation in the program. 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 to my Child, arising as a result of his or her participation in the education program. I further agree to indemnify and hold Save The Bay, its employees, board and



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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 loss 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. I have printed a copy of this Consent to Participate form for my own records or will be provided with a copy if requested.

I consent for my Child/Ward to participate in Save The Bay's education program.

Parent's/Guardian's Name, Parent's/Guardian's Signature Date

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 WANT TO ALLOW YOUR CHILD TO BE VIDEOTAPED AND/OR PHOTOGRAPHED DURING THIS PROGRAM AND YOU 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 CHILD/WARD'S 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:



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Date: _____