

**AGREEMENT TO PARTICIPATE
2017 STARTALK CHINESE LANGUAGE AND CULTURE PROGRAM
AT BRYANT UNIVERSITY**

I wish to participate in the 2017 STARTALK Chinese Language and Culture Student Program at Bryant University (hereinafter referred to as “the Program”) from July 12-25, 2017.

I am in good health and good physical condition. I assume any risks associated with the Program and accept the consequences involved in my participation in this event except for the negligence on the part of Bryant’s employees, students and volunteers. I understand that if I am injured, I am responsible for my health care costs and I release Bryant University, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury (including death) or illness resulting from my participation in this event.

DATE_____ NAME_____ SIGNATURE_____

Parental Consent if under 18 years of age:

_____ Date_____

Emergency Contact Information:_____

Name of Contact Person:_____

Telephone/cell in case of emergency:_____

Insurance Information:

Name of Insurance Company_____

Policy #_____