

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

Dear Parent or Guardian:

In the coming weeks, your child will be participating in a Save The Bay education program. During this program, your child 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, your child 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).*

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


**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).

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

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 soon!

Sincerely,



Bridget Kubis Prescott  
Director of Education

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)

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

**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: \_\_\_\_\_

AUTHORIZATION: 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 consent for my child to participate in Save The Bay's education program.

THE BAY CENTER  
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Providence, RI 02905  
phone: 401-272-3540  
fax: 401-273-7153

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

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fax: 401-324-6022

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

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

SOUTH COUNTY  
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Westerly, RI 02891  
phone/fax: 401-315-2709

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

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