Johnson & Wales University

CAREER EXPLORATIONS 2026

REGISTRATION AND EMERGENCY/MEDICAL RELEASE FORM

REGISTRATION INFORMATION

Johnson & Wales University's Career Explorations program offers high school students the opportunity over the course of two days of academics on a JWU campus to explore a career in one of the following areas:

- Animal Science
- Criminal Justice
- Design
- Food Innovation & Technology
- Health & Wellness
- Hospitality Management

Participants will experience life on campus, meet faculty, talk with current students and more. The program includes housing, all meals, instructional materials, activities and program transportation. The program will include use of on-campus labs and lab equipment.

Name of Participant

Gender

Date of Birth Age

Street Address

City State ZIP

Home Phone Number

First Parent/Guardian's Name

Home Phone Number

Mobile/Business Phone Number

Second Parent/Guardian's Name

Home Phone Number

Mobile/Business Phone Number

EMERGENCY INFORMATION

In an emergency when parent/guardian cannot be reached, please contact the following persons:

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

REGISTRATION AND EMERGENCY/MEDICAL RELEASE FORM (continued)

PARTICIPANT RELEASE AUTHORIZATION

Unless otherwise noted, both parents/guardians will be authorized to pick up the Career Explorations Participant from JWU. In addition, the following other persons are authorized to pick up the Participant. These persons will be required to provide valid identification.

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

MEDICAL INFORMATION

Please list any medical conditions, prescription medicines, treatments, restrictions, or other considerations while participating in the program:

Please list any allergies, including to medications, insect bites/stings, foods, etc., and describe the allergic reaction (e.g., anaphylaxis, hives, etc.):

Is the participant able to administer any needed medication (e.g., EpiPen)?

Date of last physical exam (exam must have been within the last year in order to participate):

Is the participant currently under the care of a physician for a medical problem? If yes, please explain:

Has the participant been hospitalized or had a serious illness within the past year? If yes, please explain:

Physician

Address

Phone Number

Medical/Hospital Insurance Company

Phone Number

Policy Holder's Name

Policy Number

Date of last tetanus shot

THIS AUTHORIZATION FORM/RELEASE MUST BE COMPLETED BEFORE THE PARTICIPANT CAN BE FULLY ENROLLED.

1. Permission to Attend Program/Nature and Scope

A. I wish to permit the below-named Participant, for whom I am the parent or legal guardian (also referred to as "Participant"), to participate in the Career Explorations program at Johnson & Wales University ("JWU"). I understand the Participant's participation is wholly voluntary.

B. I understand the nature and scope of the Career Explorations program and the activities that will be undertaken, including but not limited to the activities described under Registration Information on the first page of this form.

2. Payment

All payments made and due for the Career Explorations program are nonrefundable absent at least thirty (30) days' notice of the cancellation in writing. JWU reserves the right to cancel the Career Explorations program, in whole or in part, based on health or safety issues or based on the guidelines, requirements or restrictions of the applicable Department of Health or any other state or federal government agency. JWU also reserves the right to cancel the program, in whole or in part, based on insufficient enrollment or other circumstances outside of JWU's control. In the case of cancellation by JWU, JWU will refund the monies paid for any portion of the cancelled Career Explorations program on a pro-rated basis.

3. Career Explorations Program Rules

I understand that whether on or off-campus, the Participant must comply with all instructions, regulations, and rules of JWU (and any JWU agent or employee) at all times.

A. Prior to the program, I will inform the Participant about and ensure that the Participant follows all instructions, regulations and rules of JWU. In the event the Participant violates any instructions, regulations and rules, the Participant may be removed from the program pending an informal inquiry into the incident. If JWU believes or determines that the Participant engaged in any inappropriate activity, the Participant's enrollment will be terminated and parents/guardians/emergency contacts will be contacted to arrange for transportation home. I will not be entitled to any refunds.

B. Such rules include the following, among possible others:

1. Participants may not leave JWU during the program unless appropriate program personnel are notified in advance and the Participant is accompanied by an authorized adult.
2. The following conduct is prohibited (among other improper conduct):
   a) Bullying, including verbal, physical, or cyber bullying
   b) Dangerous or reckless use of university property
   c) Disorderly or disruptive conduct
   d) Fighting, physical force, or violence or threats of same
   e) Hazing
   f) Inappropriate use of cameras or digital devices
   g) Misuse of or tampering with fire safety equipment (e.g., exit signs, fire extinguishers, pull stations, and smoke detectors)
   h) Possession of or use of alcohol or other drugs, candles, fireworks, guns, or other weapons
   i) Sexual abuse or harassment
   j) Any illegal behavior or other behavior that violates the instructions, regulations, and rules of JWU

4. Medical Insurance

JWU does not offer medical insurance to participants. I agree to maintain appropriate medical insurance for the Participant during the duration of the program. I give JWU permission to provide and/or arrange for medical treatment, including emergency and other treatment, as needed for any injury or illness that may occur while the Participant is involved in the program and agree to release JWU from all liability arising out of such treatment. I authorize JWU to contact medical professionals, including those I have identified herein, and to disclose all medical information to these and any other medical professionals as JWU deems appropriate. All medications must be self-administered.

5. Allergens

JWU uses hundreds of various foods and food products in its classrooms and laboratories, including, but not limited to, eggs, fish, milk (and other dairy products), nuts (peanuts and tree nuts), shellfish and other seafood, soybeans, spices, wheat and other potential allergens, as well as cleaning supplies that may contain potential allergens. Participants whose allergies constitute a "disability" may be eligible to receive accommodations and/or services through Accessibility Services. However, because of the presence of various food products in the program and/or building, it may not be possible to eliminate certain allergens. Due to the nature of its dynamic and student-centered educational programming, the university cannot guarantee an allergen-free environment.

6. Hazards and Risks; Assumption of Same

Given the nature and scope of the program, the hazards and risks of the activities involved in this program (including transportation to and from the sites related to the program) may include (among others) the following: (a) permanent and serious injury to the Participant's body (including but in no way limited to blindness, burns, deafness, disability, disease — including infectious disease, loss of limbs, paralysis, sickness, etc.) and death and (b) damage and loss to the Participant's personal property (collectively, "Harm to Person or Property"). Rules and personal discipline may reduce the risks, but the risks of Harm to Person or Property will continue to exist. By permitting the Participant to participate in the program, I agree that I and the Participant will take reasonable personal health and safety precautions and voluntarily assume all such hazards and risks.

7. Release

This paragraph defines the "Release" I am giving in consideration for being allowed to enroll the Participant in the Career Explorations program. To the maximum extent permitted by applicable law, I, on behalf of myself, the Participant, and our assigns, heirs, personal representatives, successors, and any other natural or non-natural person acting on my or the Participant's behalf ("Releasors"), freely and knowingly assume all aforementioned risks of Harm to Person or Property, both anticipated and unanticipated, expected and unexpected, foreseen and unforeseen, known and unknown, and assume complete and full responsibility for the Participant's participation in the program. To the maximum extent permitted by applicable law, on behalf of myself, the Participant, and Releasors, I hereby knowingly and voluntarily completely and forever discharge and release JWU and any and all JWU Releasees (defined to include JWU's affiliates, agents, assigns, board, employees, officers, partners, representatives, subsidiaries, successors or successors-in-interest, trustees and all other natural or non-natural persons acting on JWU's behalf) from and against any and all past, present, and future actions, arbitrations, causes of actions, charges, claims, contributions, counterclaims, cross-claims, damages, defenses, demands, emotional injuries, fees, fines, indemnity, injunctions, lawsuits, liabilities, losses, mediations, obligations, penalties, personal and physical injuries (up to and including death), property damages, remedies, rights, or suits whether foreseen or unforeseen, and whether known or unknown, of any kind or nature, which arise out of, during, or in connection with or are directly or indirectly to the Participant's participation in the program, including Images and Recordings taken (defined below) and first aid/medical treatment rendered (discussed below — collectively, "Released Claims").

8. Indemnification

To the maximum extent permitted by applicable law, I freely and knowingly agree to indemnify, defend, discharge, and hold harmless JWU and any and all JWU Releasees from liability for any Released Claims brought by any natural or non-natural person against JWU. JWU and any JWU Releasee shall have the right to select counsel of its choice, and I shall, on written notice, be liable for any and all such counsel's attorney fees, expenses and costs.

9. Images and Recordings

I understand that in connection with this program, the Participant (or the Participant's image, likeness, or voice) may be included in audio recordings, films, photographs, videos and other images (collectively, "Images and Recordings"). I hereby give and grant in perpetuity to JWU and the JWU Releasees the irrevocable interest, right and title to all such Images and Recordings and the right to broadcast, disseminate, distribute, publish and reproduce all such Images and Recordings, with or without my approval, in any medium (through social media or otherwise) and for any reason, including educational, marketing, promotional or other university purposes. I authorize use of the Images and Recordings without any approval or inspection right and without any payment or other consideration other than being allowed to participate in the program.

10. First Aid/Medical Treatment

JWU Releasees participating in the program may (but are not required to) render first aid and/or obtain medical treatment they deem necessary on the Participant's behalf, including treatment for any illness or injury. I will be financially responsible for all costs incurred thereby, regardless of insurance coverage.

11. Competence

I represent that the Participant is capable, with or without reasonable accommodation or adjustment, of participating in the program.

12. Choice of Forum

Any claim or controversy arising out of, relating to, or in any manner connected with the program or this Authorization Form/Release shall be filed and adjudicated exclusively in Providence, Rhode Island, in the federal courts in Rhode Island, and, only if such federal courts lack jurisdiction, in the state courts in Rhode Island. I hereby consent to and confer exclusive jurisdiction on the aforementioned courts and expressly waive any objections to forum, personal jurisdiction or venue in any federal or state courts noted herein.

13. Choice of Law

The Authorization Form/Release shall be deemed to have been made in Rhode Island. The Release and the performance hereunder shall be construed and enforced in accordance with the laws of the State of Rhode Island without reference to the rules of the conflicts of laws or any choice of law principle that would dictate the application of the law of another jurisdiction.

14. Severability

If any provision, phrase or portion of this Authorization Form/Release is, for any reason, held or adjudged to be invalid, illegal or unenforceable by a court of competent jurisdiction, such provision, phrase or portion so adjudged will be deemed separate, severable and independent, and the remainder of this Authorization Form/Release will be and remain in full force and effect and will not be invalidated or rendered illegal or unenforceable or otherwise affected by such adjudication, provided that the basic purpose of this Authorization Form/Release is not substantially impaired.

PROGRAM AUTHORIZATION FORM/RELEASE

15. Entire Agreement

This Authorization Form/Release contains the entire agreement with respect to the subject matter hereof and supersedes all other agreements, negotiations or understandings, whether written and oral, between JWU and me relating to the subject matter hereof.

I HAVE READ THIS LEGALLY BINDING DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. This is to certify that I, as parent/guardian with legal responsibility for the Participant identified herein, consent and agree to this document on behalf of myself and the Participant identified herein, including each and every provision herein.

PARENT/GUARDIAN SIGNATURE

Parent/Legal Guardian Signature | Date

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Contact Information (address, mobile phone and email)

Participant Full Name | Participant Date of Birth