**Assumption of Risk, Release from Liability and Indemnification**

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will participate in [Name of Program, Activity, or Trip] “Program”, from [dates of Program]. [Include a short description of Program and its location]. The Program is organized and run by [List whether organized or run by Yale, by a registered student organization, a Residential College, by an outside organization, etc.] This document (“Agreement”) covers all aspects of my participation in the Program. In this Agreement, “Yale” means Yale University, its trustees, officers, employees, trainees, students, volunteers, and agents.

1. **Program Risks.** I understand that I have voluntarily and freely elected to participate in this Program, and that I am not required to do so. I understand that participation in the Program involves risks that Yale cannot eliminate, including, among others, risk of property damage, illness, bodily injury, permanent disability, and death. [list other risks specific to Program, e.g., transportation involved, use of equipment, etc.] If the Program includes international travel, I acknowledge that there are certain risks inherent in travel to the Program location: unique political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public offices, and conveyances; and local medical, environmental, and weather conditions. I further acknowledge that such political, safety, or health risks could result in illness, personal injury, or death and that I have been advised to inform myself of the particular health and safety risks that may be unique to the location of the Program. I agree to apprise myself of this information prior to my departure in order to understand and appreciate the nature of such risks. I further understand that I have a continuing obligation to stay so informed during my travel.
2. **Assumption of Risk.** I voluntarily take responsibility for all risks of participating in the Program.
3. **Risks Associated with the COVID-19 Pandemic.** I understand that, as a result of the COVID-19 pandemic, local and national governments have and may continue to enact border, travel, and stay-at-home restrictions, and that the trajectory of the virus at the local, national, and international levels is unpredictable. I understand that all activities I undertake as part of the Program must comply with local/domestic travel restrictions, self-isolation/quarantine requirements, and lockdown orders. I agree to abide by all such restrictions and requirements, even if they prevent me from participating in activities that may have been planned as part of the Program. In addition to the other risks described in this document, I recognize that my participation in activities abroad means I may be subjected to potential risks, illnesses, injuries, and even death as a result either of contracting COVID-19 or of any actions or omissions of governments, private entities or other parties with respect to COVID-19. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.
4. **Assumption of Medical and Mental Health Obligations:** I haveconsulted with a medical doctor and/or counselor with regard to my medical and mental health needs and acknowledge there are no health-related reasons or problems that preclude or restrict me from participating in the Program. I have arranged for disability-related accommodations, through Yale’s Student Accessibility Services office or otherwise, as appropriate, and I understand the limitations of the program location. I have arranged, through insurance or otherwise, for payment of medical care, if necessary, while I participate in the Program. I recognize that Yale is not obligated to attend to any of my medical needs, and I assume all risk and responsibility therefore. If I require medical care during my participation in the Program, Yale is not responsible for the cost or quality of such care.
5. **Release.** In exchange for Yale allowing me to participate in the Program, I release Yale from all legal and financial responsibility for any harm that I, or my property might suffer as a result of my participation, even if the harm is caused by Yale’s ordinary negligence.
6. **Indemnification.** I agree to indemnify and hold Yale harmless from (that is to say, I agree to pay or reimburse Yale for) any costs, penalties, legal fees, or judgments (“Costs”) that Yale has to pay related to my participation in the Program, even if the Costs resulted from Yale’s ordinary negligence.
7. **Governing Law and Jurisdiction**. The laws of Connecticut shall govern and the courts of Connecticut shall interpret this Agreement.
8. **Binding Agreement**. This Agreement shall legally bind me, and my family members, spouse, estate, heirs, administrators, or personal representatives.
9. **Severability**. If a court decides that any part of this Agreement cannot be enforced, I agree to change that part to make it enforceable. If the unenforceable part cannot legally be changed, it will be severed, but the rest of this Agreement will remain in effect.
10. **Signature.**  I agree that I have read and understood this Agreement, I am of legal age (eighteen (18) or older) and competent to sign it, and I do so voluntarily and without relying on anything Yale wrote or told me except what is written above. I understand that I am free not to sign this Agreement and to find a different Program, and in doing so, I will not be sponsored by Yale in any way (including academically, financially, and legally) to participate in this Program. If I am not of legal age, my parent or guardian has also read and understood this Agreement.

**Before you sign this Agreement, please read it carefully because it affects your legal rights.**

**If Participant is eighteen (18) years of age or older:**

Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Participant is under eighteen (18) years of age:**

I acknowledge and agree to the terms of this Agreement as respects my child’s participation in the Program:

Printed Name of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_