**Assumption of Risk**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will participate in the following activity/trip on

 (name)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (date)

Description of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizing Organization/Department (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have voluntarily and freely elected to conduct/participate in the above named activity, and that I am not required to do so. I understand and agree that Yale University and/or its representatives assume no liability in the event of accident or illness, nor for damage or injury to person or property of any nature whatsoever, including but not limited to accidents or damage incurred during the transportation to or from the activity site. In participating in this activity, I voluntarily and freely assume all risk of accident, injury, illness or damage to or loss of property. Yale University shall not be responsible to any person for my acts or omissions.

I agree to release, indemnify, and hold harmless Yale University from and against any claim which I, my parents or guardian, or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in the fellowship or in the program.

I hereby certify that I was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am, therefore, of legal age (eighteen (18) or older) and competent to execute this Assumption of Risk and Waiver; that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs and administrators or assigns to the fullest extent.

In case of emergency, contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone