

Assumption of Risk

I, _____ will undertake a Yale funded project or pursue Yale
(name)
approved or organized research or study abroad away from the Yale University campus
on _____.
(date)

Fellowship/Program/Project: _____

Location: _____

Host Institution/Organization (if applicable): _____

I hereby acknowledge that I have voluntarily and freely elected to accept the above named fellowship, or participate in the above named program or project, 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. In accepting this award or participating in this program, 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 understand that it is my responsibility to monitor for updates the list of countries to which Yale University restricts funded travel or approved study abroad (www.world.yale.edu/travel). Furthermore, I understand that should the country to which I am scheduled to travel be added to the restricted list, then Yale may no longer permit such travel. I also understand that it is my responsibility to ensure that I have adequate health insurance to cover any accidents, illnesses or injuries I may face while abroad.

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

Address

Student Signature

Date

Parent Signature

Date