

YCCI Exposures Program 2024

Assumption of Risk, Release from Liability and Indemnification

I, _____, will participate in the Yale University (“Yale”) YCCI Exposures Program, from July 8, 2024 to August 1, 2024, (the “Program”). This program will provide the opportunity for highly motivated high school, undergraduate, and professional students to work with and learn from a multidisciplinary team of scientists, including internationally renowned investigators focusing on the areas of technology, mobile apps, patient engagement, disparities, and data science in health care. This document (“Agreement”) covers all aspects of my participation in the Program. In this Agreement, “Yale” means Yale, its trustees, officers, employees, trainees, students, volunteers, and agents.

- 1. Program Risks.** 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.
- 2. Assumption of Risk.** I voluntarily take responsibility for all risks of participating in the Program.
- 3. 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 negligence.
- 4. 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 negligence.
- 5. Governing Law and Jurisdiction.** The laws of Connecticut shall govern and the courts of Connecticut shall interpret this Agreement.
- 6. Binding Agreement.** This Agreement shall legally bind me, and my family members, spouse, estate, heirs, administrators, or personal representatives.
- 7. 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 the Agreement will remain in effect.
- 8. Signature.** I agree that I have read and understood this Agreement, I am 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 anyway (including academically, financially, and legally) to participate in this Program.

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

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Participant's Birthdate: ____/____/____

Attach completed forms to application or email to Jaclyn Davis at jaclyn.davis@yale.edu
All materials must be submitted at time of application

YCCI Exposures Program

YCCI Exposures Program Consent Form

Please select Yes or No to tell us if you give permission for Yale University and the YCCI Exposures Program to include you in the following components for our program. While participation in YCCI Exposures Program is not dependent on answering yes to any of the following questions, these permissions are vitally important to the evaluation and long-term success of our programming.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Survey Release: As a participant in the internship, you will be contacted periodically to complete a survey to share your perceptions of the benefits and quality of YCCI's Programs and to inform YCCI on your status of application and enrollment to educational programs, and any employment offers in these fields you accept.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Media Release: During the course of YCCI Exposures Program, we may use photographs, videos, films, or other media to record or otherwise capture your image or voice or material resulting from your activities. As described below, this form allows Yale University and its contractors, agents, and licensees to use those images and recordings. I grant to Yale the permanent right to use the images and recordings in all types of media in connection with the YCCI Exposures Program and for other purposes that support Yale's not-for-profit mission. Neither I nor anyone else acting on my behalf will have any right to approve or be paid for Yale's use of the images and recordings. Neither I nor anyone else acting on my behalf will have any right to make a legal claim as a result of Yale's use of the images and recordings.
Printed name of Participant	
Signature of Participant	
Date	
Participant's Birthdate	

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PERMISSION TO USE IMAGES AND RECORDINGS OF YOU AND YOUR WORK

During the course of YCCI Exposures Program (“the Program”), we may use photographs, videos, films, or other media to record or otherwise capture your image or voice or material resulting from your activities or performances (collectively, “Images and Recordings”). As described below, this form allows Yale University and its contractors, agents, and licensees (“Yale”) to use those Images and Recordings.

In exchange for Yale allowing you to participate in the Program, you agree to the following:

1. You grant to Yale the permanent right to use the Images and Recordings in all types of media in connection with the Program and for other purposes that support Yale’s not-for-profit mission. This permission includes use of the Images and Recordings in any new types of media that might be developed in the future.
2. Neither you nor anyone else acting on your behalf will have any right to approve or be paid for Yale’s use of the Images and Recordings.
3. Neither you nor anyone else acting on your behalf have any right to make a legal claim as a result of Yale’s use of the Images and Recordings, and any such claim is covered by the “Assumption of Risk, Release from Liability and Indemnification” that you have signed.

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Participant's Birthdate: ____/____/____

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YCCI Exposures Program

Emergency Contact Information

Please provide contact information for a parent/guardian **AND** another family member or friend.

PARENT/GUARDIAN

Name

Address

Cell Phone

Home Phone

Work Phone

ADDITIONAL CONTACT

Name

Cell Phone

Home Phone

Work Phone

Signature

I authorize Yale University to provide appropriate emergency care, should it be necessary to do so.

Participant Signature

Date