

# Yale *First-year Scholars at Yale*

## CONSENT AND WAIVER AGREEMENT

Date \_\_\_\_\_

I hereby elect voluntarily to participate in First-year Scholars at Yale field trips (“field trips”) and fully acknowledge that the full responsibility for any risk or loss, property damage or any personal injury that may be sustained by me or any loss or damage to property owned by me as a result of being engaged in such field trips, whether caused by negligence, Yale University, its employees or agents or otherwise, is mine.

I acknowledge that Yale University shall not be responsible for any injury, damage or loss suffered by me from or in connection with my participation in the field trips, and hereby release and agree to hold harmless Yale University, its officers, directors, employees and agents from liability, claims, demands, and actions arising out of or related to any loss, property damage or personal injury that may be sustained by me while participating in such activities.

I further acknowledge that I have adequate health or accident insurance as I will be covered by Yale Health for the duration of the First-year Scholars at Yale program. I further agree to indemnify and hold harmless the University, its employees and agents, from any loss, liability, damage or cost, including court costs and attorney’s fees that they may incur due to my participation in said activities, whether caused by the negligence of the University, its employees or agents, or otherwise.

In the event of an emergency in which I require medical care, I give permission to the physician treating me to order injection, anesthesia or surgery. I understand that reasonable attempts will be made to reach my parents for such permission if I am under 18.

This Consent and Waiver Agreement is binding on myself, my heirs, assigns, and personal representatives.

**I certify that I have read and agree to all of the above.**

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Address and Phone (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I certify that I am the parent or guardian of the applicant who signed above, and that I have read and agree to all of the above. (To be completed if the applicant is under 18.)**

\_\_\_\_\_  
Signature of Parent/Guardian  
(if applicant is under 18)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Phone Number