

# YCCI Exposures Program 2023

## Assumption of Risk, Release from Liability and Indemnification

My child, \_\_\_\_\_, is not yet 18-years-old and will participate in the Yale University ("Yale") YCCI Exposures Program, from July 10, 2023 to August 3, 2023, (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 child's 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 my child to participate in the Program, I release Yale from all legal and financial responsibility for any harm that I, my child, or our property might suffer as a result of my child's 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 child's 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 child, 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 for my child.

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

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

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

Child's Name (printed): \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach completed forms to application or email to Jaclyn Davis at [jaclyn.davis@yale.edu](mailto:jaclyn.davis@yale.edu)  
All application materials must be submitted by June 2, 2023

# 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 your child 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	<b>Survey Release:</b> I give permission to allow my child to fill out surveys and participate in interviews to share his or her perceptions of the benefits and quality of Yale University and YCCI Exposures Program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Media Release:</b> During the course of YCCI Exposures Program, we may use photographs, videos, films, or other media to record or otherwise capture your child's image or voice or material resulting from his or her 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 behalf of my child 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 behalf of my child will have any right to make a legal claim as a result of Yale's use of the images and recordings.
<b>Printed name of Parent/Legal Guardian</b>	
<b>Signature of Parent/Legal Guardian</b>	
<b>Date</b>	
<b>Child's Name (printed)</b>	
<b>Child's Birthdate</b>	

Attach completed forms to application or email to Jaclyn Davis at [jaclyn.davis@yale.edu](mailto:jaclyn.davis@yale.edu)

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## YCCI Exposures Program 2023

### PERMISSION FOR ONLINE LEARNING AND ELECTRONIC COMMUNICATION

The Yale Center for Clinical Investigation is offering your child the opportunity to participate in the YCCI Exposures Program, which will be offered via Zoom from July 10, 2023 to August 3, 2023. If you would like your child to participate in this program, please complete this form.

Program staff will copy you on email or text communications with your child, and your child will not be allowed to participate in the program if you do not provide your email address and cellphone number below.

**I request that my child be allowed to participate in the program described above. I give permission for program staff to communicate with my child by video link, email, or text messaging.**

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

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

Email Address of Parent/Legal Guardian: \_\_\_\_\_

Cellphone Number of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name (printed): \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach completed forms to application or email to Jaclyn Davis at [jaclyn.davis@yale.edu](mailto:jaclyn.davis@yale.edu)  
All application materials must be submitted by June 2, 2023

## YCCI Exposures Program 2023

### PERMISSION TO USE IMAGES AND RECORDINGS OF YOUR CHILD AND HIS OR HER 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 child’s image or voice or material resulting from his or her 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 your child 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 behalf of your child 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 behalf of your child will 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 Parent/Legal Guardian: \_\_\_\_\_

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

Child’s Name (printed): \_\_\_\_\_ Child’s Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach completed forms to application or email to Jaclyn Davis at [jaclyn.davis@yale.edu](mailto:jaclyn.davis@yale.edu)  
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# YCCI Exposures Program

## Emergency Contact Information

Please provide contact information for you **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 to my child, should it be necessary to do so.

Parent/Guardian Signature

Date