



YALE DAY OF SERVICE
RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (name and address)

INSTITUTIONS:
YALE UNIVERSITY

I, the above named Participant, am eighteen years of age or older and have voluntarily applied to participate in the Yale Day of Service. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in my illness, person injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Yale Day of Service, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release Yale University, its governing board, officers, employees and representatives and any entities listed above from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Yale Day of Service, whether caused by negligence of Yale University, its governing board, officers, employees, or representatives, entities listed above or otherwise. I further agree to indemnify and hold harmless Yale University, its governing board, officers, employees, and representatives and any entities listed above from liability for injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described service activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE YALE DAY OF SERVICE AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Adult Participant

Date

***If children under the age of 18 are registered with you as participants in the Yale Day of Service, please read and sign the statement below.**

MINORS' RELEASE

I AM THE PARENT OR GUARDIAN OF _____ AND CONSENT TO MY CHILD'S/CHILDREN'S PARTICIPATION IN THE YALE DAY OF SERVICE. IN ADDITION, I RELEASE ALL CLAIMS AND CAUSES OF ACTION FOR INJURY OR DEATH TO MY CHILD OR CHILDREN THAT OCCURS WHILE PARTICIPATING IN THE YALE DAY OF SERVICE. FURTHERMORE, I AM OBLIGATED TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSONS CAUSED BY MY CHILD'S OR CHILDREN'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Adult Participant

Date

(Please Turn Over for Photo Release)

PHOTO RELEASE AGREEMENT

I release the Yale Alumni Association (YAA), Yale University, and their assigns, licensees, volunteers and successors from any and all claims that may arise regarding the use of my image and that of any family or friends who register with me as part of my participation in Yale Day of Service activities. The Yale Alumni Association is permitted, although not obligated, to include my name in connection with the image.

Signature of Adult Participant

Date