## <u>Assumption of Risk, Release from Liability, and Indemnification Form</u> (Parental Consent form for Minors Participating in Research or Clinical Activities)

This Assumption of Risk, Release from Liability, and Indemnification Form is required as part of an application for a minor to participate in educational research and/or clinical activities at Yale University (the "Program").

Individual laboratories vary in the inherent types of potential hazards present. While participating in this Program, your child may need to work with or around animals, biological materials, chemicals, or other potentially hazardous materials.

Yale provides safety training to all personnel who may work with or in the vicinity of potentially hazardous materials. Your child will be required to attend laboratory safety training and may also be required to attend additional training sessions, depending on the nature the Program.

If you have further questions, please email <a href="mailto:ehsintegrator@yale.edu">ehsintegrator@yale.edu</a>.

Section 1 - To Be Completed by Principal Investigator or Designee				
Principal Investigator (PI) Name:				
Yale Department Name:				
Direct Supervisor Name (PI or Designee that provides direct supervision to child):				
Direct Supervisor Cell Phone:				
Briefly describe proposed educational, research and/or clinical activities in which the child will participate as part of the Program. If applicable, include potentially hazardous materials the child will work with, as well as a specific description of any work involving animals that will be performed by the child:				

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Section 2 – To Be Completed by Parent or Legal Guardian						
Name of Child:						
Child's Birthdate (mm/dd/yyyy):						
Child's Permanent Home Street Address:						
City:	State:	Zip:				
Medical Insurance while at Yale:						
Name of Parent or Legal Guardian:						
Relationship to Child of the Person Listed Above: (Check one): Parent Legal Guardian						
Street Address where child will reside while at Yale (if different than permanent address):						
City:	State:	Zip:				
Parent or Legal Guardian Emergency Cell Phone:						
This agreement ("Agreement") covers all aspects of my child's participation in the Program (described on Page 1). In this Agreement, "Yale" means Yale University, its trustees, officers, employees, trainees, students, volunteers, and agents.						
<ol> <li>Program Risks. I certify that I am the parent or legal guardian of the child named above. I understand that my child's participation in the Program involves risks that Yale cannot eliminate, including, among others, risk of property damage, illness, bodily injury, permanent disability, and death, and I have read and understand the Program description above.</li> <li>Residence. I agree that for the duration of the Program, I will reside with my child within daily commuting distance of Yale at the address listed above.</li> <li>Assumption of Risk. I voluntarily take responsibility for all risks of my child participating in the Program.</li> </ol>						
4. Release. In exchange for Yale allowing my child legal and financial responsibility for any harm that my child's participation, even if the harm is caused 5. Indemnification. I agree to indemnify and hold reimburse Yale for) any costs, penalties, legal fees my child's participation in the Program, even if the 6. Governing Law and Jurisdiction. The laws of the Connecticut shall interpret this Agreement.	t I, my child, or our property med by Yale's <b>negligence</b> . I Yale harmless from (that is to a judgments ("Costs") that Yele Costs resulted from Yale's <b>ne</b>	o say, I agree to pay or ale has to pay related to egligence.				

- **7. Binding Agreement.** This Agreement shall legally bind me, and my child, family members, spouse, estate, heirs, administrators, or personal representatives.
- **8. 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.
- **9. 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.

Signature of Parent/Legal Guardian:

Date:			