

Cancer Research Opportunities for Youth Liability Form

My child, _____ is not yet 18-years-old and will participate in the Yale University ("Yale") Cancer Research Opportunities for Youth Summer Program, from June 25th to August 31st, 2018, (the "Program"). This program brings students to campus to perform research throughout the Yale Cancer Center. 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.

- **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. Students will attend STEM workshops and be involved in a variety of enrichment activities.
- **Assumption of Risk.** I voluntarily take responsibility for all risks of participating in the Program.
- **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.
- **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.
- **Governing Law and Jurisdiction.** The laws of Connecticut shall govern and the courts of Connecticut shall interpret this Agreement.
- **Binding Agreement.** This Agreement shall legally bind me, and my child, family members, spouse, estate, heirs, administrators, or personal representatives.
- **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.
- **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.

Printed name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	
Date	
Child's Name (Printed)	
Child's Birthdate	

Mail completed forms to: Rachel Clare, 55 Church Street, Suite 801, New Haven, CT 06511

All application materials must be postmarked by Friday, May 4th, 2018

Cancer Research Opportunities for Youth Consent Form

Please select Yes or No to tell us if you give permission for Yale University and the Cancer Research Opportunities for Youth program to include your child in the following components for our program. While participation in Cancer Research Opportunities for Youth 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	<p>NIH Release: I give permission for the NIH, which funds Cancer Research Opportunities for Youth, to add my child's information to a database in order to track academic success over the course of the program.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Survey Release: 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 Cancer Research Opportunities for Youth.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>School Records Release: I give permission to Yale University and Cancer Research Opportunities for Youth to obtain my child's school records (including but not limited to courses taken, grades, and test scores). This information will be used in conjunction with other survey data and will be maintained in electronic files with strict confidentiality.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Media Release: During the course of Cancer Research Opportunities for Youth, 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, ages, and licensees to use those images and recordings.</p> <p>I grant to Yale the permanent right to use the images and recordings in all types of media in connection with the Cancer Research Opportunities for Youth 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.</p>
<p>Printed name of Parent/Legal Guardian</p>	
<p>Signature of Parent/Legal Guardian</p>	
<p>Date</p>	
<p>Child's Name (printed)</p>	
<p>Child's Birthdate</p>	

Mail completed forms to: Rachel Clare, 55 Church Street, Suite 801, New Haven, CT 06511

All application materials must be postmarked by Friday, May 4th, 2018

Cancer Research Opportunities for Youth Medical Form

It is mandatory that this medical form be completed thoroughly so that appropriate emergency treatment can be provided, if needed.

Student's Name	
Health Insurance Carrier	
Health Policy Number	
Hospital of Choice	
My child's medications	<hr/> <hr/> <hr/>
My child's allergies or other health problems	<hr/> <hr/> <hr/>

Emergency Contact Information

Please provide contact information for another family member or friend who is **NOT** the child's parent or guardian

Name	
Address	
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
----------------------------------	-------------

Mail completed forms to: Rachel Clare, 55 Church Street, Suite 801, New Haven, CT 06511
All application materials must be postmarked by Friday, May 4th, 2018