



RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (name and address)

INSTITUTIONS:

YALE UNIVERSITY

SERVICE PROGRAM LOCATION: CAPE COAST AND ACCRA, GHANA

DATES: JULY 27-AUGUST 7, 2012

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

In consideration of my participation in the Service Program, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the Yale Alumni Service Corps, Yale University, its governing board, officers, employees and representatives 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 service program, whether caused by negligence of Dwight Hall at Yale, or Yale University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Yale University, its governing board, officers, employees, and representatives 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 program.

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 DESCRIBED SERVICE PROGRAM 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

Signature of Witness

Name (in print)

Name (in print)

Date

Date