

To be completed by parent/guardian

Must be submitted/postmarked by the deadline February 11, 2020 to one of the following

Mail to: Maria Parente, 433 Temple St, 2nd Floor, New Haven, CT 06511

Email to: pathwaysadmissions@gmail.com

Fax to: 203-432-8314

PATHWAYS SUMMER SCHOLARS MEDICAL FORM

It is mandatory that this medical form be completed 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. Please include type of reaction (e.g., rash, anaphylaxis)	<hr/> <hr/> <hr/>
My child's other health problems	<hr/> <hr/> <hr/> <hr/>

NON PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

The parent/guardian information provided above in the application will be utilized first. Here, please provide contact information for another family member or friend who is **NOT** the child's parent/guardian.

Name (NOT a parent/guardian)	
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
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ASSUMPTION OF RISK, RELEASE FROM LIABILITY AND INDEMNIFICATION

My child, will participate in the Yale University Pathways program (The Program). The Yale Pathways program provides opportunities for middle and high school students to explore science at Yale University. Once accepted into the program, students are invited to attend programs, demonstrations, laboratory tours, and lectures on Yale's campus to learn about cutting-edge advances in science free of charge. 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 Pathways 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.

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	

The student application can also be completed online at: onhsa.yale.edu/summerscholars2020

All application materials must be submitted by Tuesday, February 11th, 2020.

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PATHWAYS TO SCIENCE CONSENT FORM

I give permission for Yale University and Yale Pathways program to include my child in the following components of the program.

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 & Yale Pathways program.

School Records Release:

I give permission to the Yale University & the Yale Pathways program 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.

Media Release:

During the course of the Yale Pathways ("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 (1) 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	