

YALE UNIVERSITY

Exhibit B
YALE UNIVERSITY
Assumption of Risk and Waiver

I, _____ will participate in the ULTIMATE SQUASH.LLC
(Name – Please Print) *(Name of Camp)*
located at Yale University.

I hereby acknowledge that I have voluntarily and freely elected to participate in this camp and that I am not required to do so. I understand and agree that Yale University and/or its representatives assume no liability in the event of accident or illness, nor for damage or injury to person or property or any nature whatsoever. I voluntarily and freely assume all risk of accident, injury, illness, or damage to or loss of property. Yale University shall not be responsible to any person for any of my acts or omissions.

I agree to release, indemnify and hold harmless Yale University from and against any claim which I, my parents or guardian or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in the ULTIMATE SQUASH.LLC.
(Name of Camp)

Signature of Participant

Date

If Participant is under 18 years of age:

Name of Participant's Parent or Guardian

Signature of Participant's Parent or Guardian

Date