

Name of Health Insurance Carrier(if applicable):

Group or Policy # _____

Yale University and the New Haven Urban Debate League does not provide health and accident insurance for Participants, and I understand that the Participant's medical expenses, property loss, or other personal expenditures that result during or from the Program, are to be borne by me and/or the Participant's health insurance provider.

Consent to Emergency Medical Treatment. The health history I have indicated to the program organizers is correct as far as I know, and the Participant has permission to engage in all Program activities. I grant Yale, its officers, trustees, agents, employees, students, or volunteers ("Released Parties") permission to authorize emergency medical and surgical treatment for the Participant, as they deem appropriate. I understand and agree that the Released Parties assume no responsibility for any injury or damage that might arise out of, or in connection, with such authorized emergency medical treatment.

Printed Name of Parent/Legal Guardian:

Signature of Parent/Legal

Guardian: _____

Date: _____