

## Indemnity Form

I, \_\_\_\_\_, \_\_\_\_\_, \*parent/guardian of  
(Name of Parent/Guardian) (Passport or NRIC No.)  
\_\_\_\_\_, \_\_\_\_\_, hereby declare that my child  
(Name of Student) (Passport or NRIC No.)  
is participating in the \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_  
(Program Title) (Start Date) (End Date)

(collectively, "CIPE Summer Program") of his/her own free will and volition. We are aware of the risks involved and in consideration of my child being permitted by Yale-NUS to participate in the CIPE Summer Program, I, for myself and my child, our successors, personal representatives and assigns:

- (a) do hereby absolve, acquit and discharge Yale-NUS and its officers, servants, employees, agents or volunteers from all or any responsibility, actions, causes of action, claims, demands and obligations whatsoever arising from any loss or damage (including, without limitation, physical injury, loss of life or property damage) caused by or sustained as a result of my child's participation in the CIPE Summer Program; and
- (b) will indemnify and keep indemnified, save and hold harmless Yale-NUS and its officers, servants, employees, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my child's participation in the CIPE Summer Program.
- (c) agree that should any legal claims or disputes arise regarding my child's participation in the CIPE Summer Program, all such claims or disputes would exclusively be pursued in Singapore, subject to Singaporean law.

\_\_\_\_\_  
Name & Signature of \*Parent/Guardian

\_\_\_\_\_  
Date

In the presence of:

\_\_\_\_\_  
Signature of Witness (above 21 years old)

\_\_\_\_\_  
Name & Passport/NRIC No. of Witness

*\*Please delete accordingly*

*To enable us to support your child in his/her overseas travels and learning, we rely on the information your child provides us; as such, it is important that the information provided to us is accurate and complete. We assume that if there are any facts or circumstances that would affect your child's participation in a Yale-NUS program (including, but not limited to, physical disability, serious illness/health matters, conviction for any offense or crime in a particular location, etc.) that they have listed such information on their medical forms as well as disclosed this to CIPE directly (since medical forms will be kept confidential except in cases of emergency). Failure to provide this kind of important information can have serious consequences for your child's health, safety and/or program participation, so please do ensure that they have disclosed all requested health and background information. If you have any concerns on medical and/or indemnities, please email Trisha Craig (trisha.craig@yale-nus.edu.sg).*